

2008

NEEDS AND ASSETS REPORT



FIRST THINGS FIRST

South Pima

Regional Partnership Council



South Pima

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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Contents

First Things First – A Statewide Overview	1
The South Pima Regional Partnership Council	1
Executive Summary	5
Regional Overview: South Pima Region	9
Young Children and Families in the South Pima Region	10
Population and Population Growth.....	10
Regional Race, Ethnicity and Language	11
Family Composition	15
Employment, Income and Poverty	17
Parent Educational Attainment.....	22
Healthy Births.....	22
Health Insurance Coverage and Utilization	26
Child Safety.....	29
Children’s Educational Attainment.....	34
Current Regional Early Childhood Development and Health System	37
Regional Findings on Early Childhood System	37
Quality	38
Access.....	39
Health	43
Family Support	48
Professional Development	51
Professional Development Opportunities.....	56
Public Information and Awareness.....	59
System Coordination	61
Additional Indicators of Interest to the Regional Partnership Council.....	63
Conclusion	65
Appendices	67
Chart of Regional Assets – South Pima	67
Citations for resources used and extant data referenced	69
Description of Methodologies Employed for Data Collection	72



First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school comes healthy and ready to succeed.

The governance model of First Things First includes a State-level Board (twelve members in total and of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board of First Things First (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state.

The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families and accomplishes the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.

The South Pima Regional Partnership Council

The First Things First South Pima Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families opportunities to improve their children’s educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region’s next generation of leaders, ultimately contributing to economic growth and the region’s overall well being.

To achieve this goal, the South Pima Regional Partnership Council, with its community partners, will work to build a system that builds and sustains a coordinated network of early childhood programs and services for the young children of



the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the South Pima Regional Partnership Council undertook strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan aligns with the Statewide Strategic Direction approved by the Board of First Things First in March 2008.



To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the South Pima Region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources. Additionally, the South Pima Council recognized the limitation of this report and committed to visit a sampling of the communities in each of the areas represented in this region in order to speak with community members about their perspectives on needs and

assets and to more fully educate themselves on areas of this vast region for which they had no previous knowledge.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all the state data could be analyzed at a regional level. Data on smaller, rural communities does not exist in many cases. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In FTF's effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the Board of First Things First to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008, FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available early 2009 and include a statewide and regional analysis. ■



Executive Summary

The South Pima Region has great needs around the areas of access to both health services and early care and education settings. It is evident that in some communities it will require a “grow your own” collaborative approach to build capacity where it does not currently exist. There is also a need to support improvement in the quality of the few child care and education programs and settings that exist in this region and to raise the level of formal education of providers and teachers. Many families are struggling to raise their children, sometimes lacking the knowledge and skills needed to provide nurturing environments that support optimal development. This region has no hospital and lacks sufficient medical services, including dental services, to address the needs of young children and expectant mothers.

The diversity of the South Pima Region, coupled with lack of infrastructure throughout much of this vast region and the great distances families must travel to access services, will require creative collaborations, coordination of services, and expansion of mobile services to serve the needs of the region’s young children.

To fully comprehend the needs of the South Pima Region, one needs to understand the diversity contained within the 15 zip code areas stretching for 5,632 square miles that make up this region. The South Pima Region is composed of urban areas in the far eastern, the southern, and the southwestern part of the city of Tucson. It also includes the fast growing suburban areas of Rita Ranch, Vail and Corona de Tucson. It also includes the fast growing town of Sahuarita and the community of Green Valley, very rural small communities such as Arivaca, Amado, Sasabe and Three Points, and the communities of Ajo, Why and Lukeville which are separated from the rest of the region by the Tohono O’odham Nation.

The southern part of Tucson includes the 85706 zip code area, served by the Sunnyside Unified School District. Due to the geographic proximity to the city, this area has the most ready access to the many services and resources Tucson offers. At the same time, it is an area marked by pockets of extreme poverty along with the other community stressors so often associated with poverty. Families overwhelmingly are of Hispanic/Latino origin are likely to be linguistically isolated. Children in this area are more apt to enter kindergarten with limited knowledge of English.

In the eastern part of the South Pima Region are the zip code areas 85730 and 85748. Demographics and median income are more diverse in these areas although this area is dominated by working middle class families. Resources provided in Tucson are more readily accessible, but the area lacks child care for infants and has few preschools.

Directly south, one crosses into the Vail Unified School District representing the zip code areas of 85641 and 85747. There are two distinct areas in this part of the region. Rita Ranch is a bedroom community with many neighborhoods and young children. Further east and south is the town of Vail and Corona de Tucson. Vail is a mix of long-time ranchers and residents and new housing developments. Both Rita Ranch and Vail lack infrastructure to support the level of growth the communities are experiencing. They are communities comprised almost solely of homes. There is only one park, no child care for infants and toddlers, limited preschool offered only by the school district. Faith-based groups utilize school buildings to provide religious services. The area lacks libraries and medical services as well.

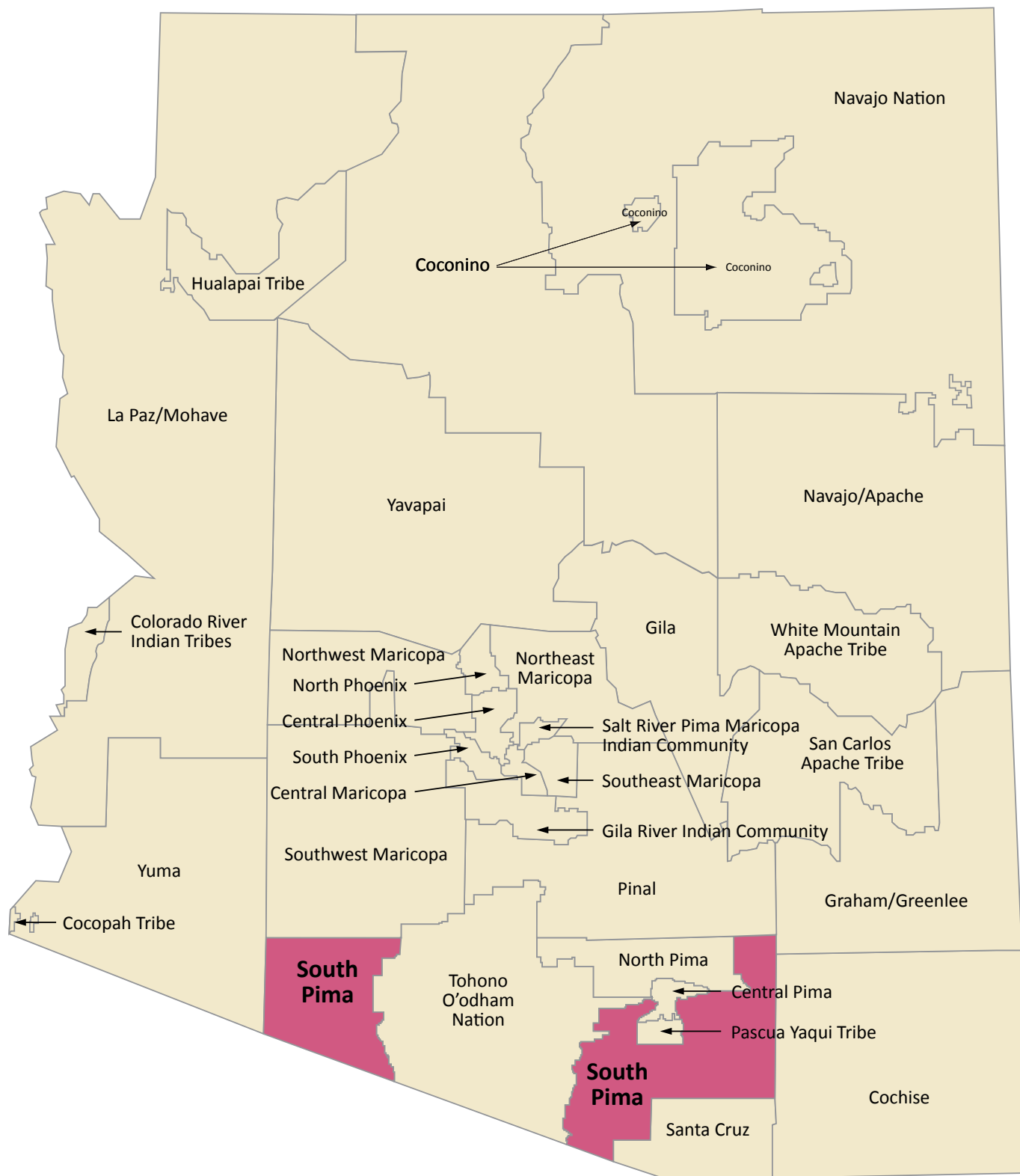
Directly south and west, continuing all the way to the tiny community of Sasabe on the border with Mexico is a large geographic area encompassing the zip codes of 85601, 85614, 85629, 85633, and 85645. Like Vail, this is also a very diverse area but much more rural. The only two large communities in this area are the Town of Sahuarita and the community of Green Valley with its large retirement population now becoming encircled by new neighborhoods attracting young families of child bearing years. This area has experienced a 300 percent growth in the last eight years. It is struggling to support the services and infrastructure needed to meet the needs of its residents. In the outlying areas are the small communities of Amado, Arivaca and Sasabe. These communities struggle with pockets of great poverty and are isolated from resources. Services as basic as sewage treatment are still lacking. Residents must travel long distances to access schools, work, and medical and dental services. Yet, these areas have a strong sense of community and have been very resourceful in creating healthier places for families to raise their children. These communities have no child care settings available and residents have been vocal at Regional Council meetings expressing their need for these services.

Directly north of Sasabe and approximately ten miles west of Tucson is the community of Three Points marked by a community center, a library and a clinic. The horizon is dotted with roof tops of homes separated by large distances. As many as 30 percent of families with children under the age of five years live below the Federal Poverty Level. Sixty-five percent of grandparents in this area are responsible for their grandchildren. Many of the children enter school not speaking English. Families in poverty are challenged by the lack of reliable transportation to access services in Tucson. There is one child care center in this community that has over 100 children on a waiting list. There are currently no licensed or certified child care homes.

The South Pima Region is divided from the western most section by the Tohono O'odham Nation. West of the Nation, is the town of Ajo and the smaller communities of Why and Lukeville. This is an area of high need. The town of Ajo has steadily lost residents since the closing of the mine due to lack of employment opportunities. There are many health hazards for young children. In many parts of the town the soil is contaminated and Ajo is listed as one of ten areas in the state that does not meet the federal particulate matter (PM₁₀) standards. The town of Ajo is home to over 2,000 winter visitors who live only part-time in the community. There are no new neighborhoods, but there is a clinic, a library, a community food bank, and a community center. The park and sports fields are some of the most frequently utilized services. The U.S. Border Patrol has a station that employs more than 200 agents, approximately half of whom live in Ajo. Many residents commute to Gila Bend, Casa Grande or Tucson for employment and medical services. There is discussion of the copper mine, now owned by Free Port Mac-Muran, potentially opening on a limited basis. There is no known child care in the area. The teen age pregnancy rate is 19 percent and there is no prenatal care available. Therapist for children with developmental delays travel from outlying larger cities. The only programs that serve children under the age of five years are a Head Start classroom and the T.O.T.S. program operated by Pima County Parks and Recreation.

The South Pima Region has many needs and First Things First funding will allow the Council to begin to support development of the infrastructure and services needed to create better outcomes for children. The diversity of the South Pima Region, coupled with lack of infrastructure throughout much of this vast region and

the rural nature of much of the area, will require creative collaborations, coordination of services and expansion of mobile services to serve the needs of the region's young children. With continued community input, stronger coordination between agencies, communities and government, rigorous accountability and clear long term strategic goals, collaborations and capacity will be built. This is just the beginning of a great work in progress. 🧩



Regional Overview: South Pima Region

The South Pima region presents an interesting mix of some high density areas, fast growing communities, a large retirement community, and very rural, isolated communities. The South Pima Region covers more than 5,632 square miles with a population of 265,435 and over 21,370 children birth through five years of age. This region's boundaries reaches as far north as Speedway Boulevard on the far east side of Tucson; as far as west as the city of Ajo; as far east as the Cochise County line; and as far south as the Santa Cruz County line and the border with Mexico. The South Pima region includes the following zip codes: 85321, 85601, 85602, 85614, 85629, 85633, 85637, 85641, 85645, 85706, 85730, 85735, 85736, 85747, and 85748.

Nine school districts provide education services to the South Pima Region. They include Ajo Unified School District, Altar Valley Elementary School District, Continental Elementary School District, Empire School District, Sahuarita Unified School District, San Fernando Elementary School District, Sunnyside Unified School District, Tucson Unified School District, and the Vail Unified School District. Children attending Altar Valley, Continental, Empire and San Fernando Districts are bused to neighboring larger school districts for middle and high school, a two hour trip one way in some cases. Younger children in some rural areas such as Arivaca and Lukeville are transported more than 30 minutes one way to attend elementary school.

Although there are a few prominent attractions within the South Pima Region such as Saguaro National Monument, Old Tucson, and the National Aero Space Museum, the majority of the region is comprised of rural communities. The South Pima Region does not contain any large medical facilities or hospitals within its boundaries. It is the home of Tucson International Airport and several large employers such as Raytheon Missile Systems, Free-Port MacMuran, Phelps Dodge, Asarco, Grupo México, Farmers Investment Company, US Border Patrol, US Customs and Immigration, Kamatsu, Caterpillar, Parkland Corporation, Empire Machinery, Pima Community College and the University of Arizona Technology Park to name a few.

Regional child and family indicators are presented in tables comparing regional data with state and national data for the years 2000 through 2007, where available. While every attempt was made to collect data for each year at each level of reporting (regional through national), there are many items for which no reliable or comparable data currently exist. In those cases where no reliable or comparable data exist, the data cell will contain an asterisk (*) in the table. A description of methods used to collect the data or reasons why no data are listed will be explained in the text below each table. At the end of the report, recommendations for closing data gaps and improving data efforts will be addressed systematically for all indicators affected by this limitation. As the *Building Bright Futures* report duly noted, data capacity infrastructure for sharing, collecting, and accessing early childhood data in Arizona is one gap that the First Things First initiative seeks to address systematically. These biennial community-level assessments are one part of the process that will be used to close this data infrastructure gap over time. A full description of overall data collection, analysis, and reporting methodology is included in Section C within the Appendix to this report.

Young Children and Families in the South Region

Child and family indicators illustrate children's health and readiness for school and life. They provide policy makers, service providers, and the community with a measurable way to understand the well being of children within a region. The indicators included in this section are the same indicators highlighted in the statewide needs and assets report. They include the following:

- Early childhood population – Race, ethnicity, language, and family composition
- Economic status of families – Employment, income, poverty and parents' educational attainment
- Trends in births
- Health insurance coverage and utilization
- Child safety – Abuse and neglect and child deaths
- Educational achievement – Fourth grade performance and high school graduation

Throughout this report, regional data is compared with state and national data for years whenever possible. Every attempt was made to collect data for multiples years at each level of reporting (regional through national). However, there are many items for which no reliable or comparable data currently exist.

While the South Pima Regional Partnership Council's work may not have a direct effect on these or other indicators, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or are factors to consider when designing strategies to improve outcomes for children in the region.

Population and Population Growth

The overall population growth for Pima County from 2000 to 2007 reached 12 percent, compared to Arizona's overall 23 percent increase. It was not specifically available for all the zip codes that comprise the South Pima Region. The South Pima region includes rural, small town, suburban, and urban regions with widely varying growth rates. While population estimate changes are not precise, they provide a good sense of the variation within this region. Six of the 15 zip codes in the region show growth rates of 11 percent to 16 percent. Sahuarita's zip code area has experienced a growth of more than 300 percent. Suburban Vail has grown quickly as well, adding 40 percent to its population. And the southeastern most zip code in Tucson, 85747, with more than 20,000 people, has grown 47 percent. Ajo, with more than 3,700 people, has lost 2 percent of its population, but the U.S. Border Patrol, the primary employer in the Ajo area is planning to add 100 additional agents and the city is a winter home for approximately 2,000 retirees.¹

¹ <http://neighborhoods.rdesk.com/Default.aspx>.

Population Growth (all ages)

	2000	2006	% Change
South Pima Region	208,329	Not Available	Not Available
Pima County*	843,746	946,362	+12%
Arizona	5,130,632	6,338,755	+19%
U.S.	281,421,906	301,621,157	+7%

*Only county data available for this region. Source: American Community Survey (2000 & 2006)

With the overall increase in population came significant growth in the number of children birth through age five, a 23 percent increase in the region overall, to 21,370, below the state's growth, but nearly triple the national population growth change. If the region continues to see this pattern of growth, the South Pima Regional Partnership Council will need to plan for a significantly growing number of young children.

Population Growth for Children Birth through Five Years

	2000	2007	% Change
South Pima Region	17,325	21,370	+23%
Pima County	55,829	65,986	+18%
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

Sources: U.S. Census 2000, Summary File SF2 and U.S. Census Population Estimates Program (PEP) 2007 estimates.

Regional Race, Ethnicity and Language

Residents of the South Pima Region are primarily White with a substantial percentage of Hispanic/Latino ethnicity. According to the 2006 American Community Survey, Arizona's racial make-up included 29 percent Hispanic/Latino, 60 percent White, Non-Hispanic, 4 percent African American, 5 percent American Indian, and 2 percent Asian/Pacific Islander. The Pascua Yaqui Reservation and the Tohono O'odham Nation are contiguous to the South Pima Region and even though there are Regional Partnership Councils for those regions, families living on tribal lands rely heavily on services within the South Pima Region.

Racial Composition of Selected Arizona Cities

City	African American	American Indian	Asian American	Hispanic/Latino (of any race)	White, not-Hispanic
Avondale	N/A	N/A	N/A	N/A	44%
Chandler	4%	1%	6%	23%	64%
Gilbert	3%	1%	5%	15%	74%
Glendale	4%	2%	4%	35%	55%
Mesa	3%	2%	2%	27%	65%
Peoria	2%	<1%	3%	N/A	72%
Phoenix	6%	2%	2%	41%	48%
Scottsdale	2%	<1%	3%	9%	N/A
Surprise	5%	1%	2%	21%	N/A
Tempe	4%	3%	7%	23%	62%
Tucson	4%	4%	3%	39%	50%
Yuma	3%	1%	2%	N/A	39%
Arizona	4%	5%	2%	29%	60%
County	African American	American Indian	Asian American	Hispanic/Latino	White, not-Hispanic
Apache	1%	74%	<1%	5%	20%
Cochise	4%	1%	2%	32%	60%
Coconino	1%	29%	1%	12%	56%
Gila	1%	14%	1%	16%	68%
Graham	2%	15%	1%	28%	55%
Greenlee	1%	2%	<1%	45%	51%
La Paz	1%	13%	1%	23%	64%
Maricopa	5%	2%	3%	30%	60%
Mojave	1%	2%	1%	13%	81%
Navajo	1%	46%	<1%	9%	43%
Pima	3%	3%	2%	33%	58%
Pinal	4%	6%	1%	30%	59%
Santa Cruz	1%	1%	1%	81%	18%
Yavapai	1%	2%	1%	12%	84%
Yuma	3%	2%	1%	56%	40%

Source: American Community Survey (2006)

The South Pima Region represents diverse ethnic populations that vary greatly within the communities of the region. For example, a total of 98 percent of the residents of the retirement community of Green Valley in 2000 were White while only 13 percent identified themselves as Hispanic/Latino. In contrast, the 85706 zip code, in Tucson reported 55 percent identified as White and 87 percent Hispanic/Latino. In Sahuarita 87 percent were White and 24 percent identified themselves as Hispanic/Latino.²

In Pima County overall, the largest percentage of births are to Hispanic/Latino women, followed by White women, non-Hispanic/Latino, with small percentages for African American, American Indian and Asian/Pacific Islander.

² U.S. Census 2000. <http://factfinder.census.gov>.

Births by Mother's Race/Ethnic Group (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Pima County*	(39%) 5,351	(49%) 6,880	(4%) 524	(4%) 600	(3%) 436	(1%) 138
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

*Data available at the county level only. Source: ADHS Vital Statistics, 2006.

Data reveals that the immigration status of Pima County and Tucson residents mirrors that of the rest of Arizona. Statewide, 30 percent of all children have at least one parent born in another country, though this percentage does not address whether or not the foreign-born parent is a citizen or legal resident. Despite the large numbers of immigrants to the state, Arizona does not rank in the top ten for naturalizing citizens or providing permanent legal residency to individuals. Therefore, it is likely that many of the immigrants living in Arizona do not have legal status and finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the South Pima region as well as the United States as a whole.

While the number of children born to immigrant families is unknown in the South Pima region, those children themselves are likely to be citizens. Citizenship status allows children to qualify for public benefits such as publicly financed health insurance (AHCCCS or KidsCare). Nonetheless, citizenship status does not *guarantee* that young children are able to access services. Even though more young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. As a result of their immigration status, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status question, even if they are lawfully living in the United States. National studies suggest that many eligible citizen children with non-citizen parents are unaware of services or are afraid of the consequences of participating in public programs because of their legal status and citizenship.³ Interviews with local providers and educators suggest that families in which one or more parent are undocumented may not obtain needed services due to fear that they may be detained or deported. Schools and faith-based organizations are often considered to be “safe” places where families are more likely to access services for their citizen children.

There is some information available to help paint the picture. The Annie E. Casey Foundation estimated in 2004 that Arizona ranked fifth in the nation for births to mothers born outside of the United States (32 percent). Two years later, in 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents, consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

3 Capps, R., Hagan, J. and Rodriguez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In *Immigrants, Welfare Reform, and the Poverty of Policy*. Westport, CT: Praeger, 2004.

Regional Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens
Tucson	(84%) 433,189	(4%) 23,119	(12%) 59,776
Pima County	(87%) 821,683	(4%) 42,967	(9%) 81,712
Arizona	(85%) 5,237,235	(4%) 273,700	(11%) 655,383
U.S.	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050

Source: American Community Survey (2006).

Children in Immigrant Families (2006)

Tucson, AZ	Arizona	U.S.
30%	30%	22%

Source: Annie E. Casey Foundation. Kidscount. Children in Immigrant Families, Tucson, Arizona. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Families may not understand the services that are available to them and how to seek them out and, even when they are aware of them, they may not be able to access the service, understand how to complete forms, or fully understand eligibility requirements. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three – and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.⁴ This may be in part due to cultural norms where relative care is preferred to out of home care.

Language in the South Pima Region is also diverse. Language characteristics are generally not measured in children under the age of five. As a result, data on these characteristics is not currently available for this age group. Data from the most recent 2008 Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English. An examination of Pima County data shows 8 percent of families with young children speak primarily Spanish or a language other than English and 12 percent of Tucson families speak primary languages other than English. Consequently, these families may be more isolated because of this. Some communities within the South Pima region, such as the 85706 zip code area in Tucson, the community of Amado and Ajo report 62 percent, 43 percent and 42 percent, respectively⁵. As a result, many of the children who reside

⁴ (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).

⁵ U.S. Census 2000. <http://factfinder.census.gov>.

in linguistically isolated families are at risk of entering school with limited English proficiency creating an initial barrier for school readiness.

Tucson Children (Five years and older) Living in Linguistically-Isolated Households

	Percent Speak only English	Spanish – Percent speak English less than well
Tucson	65%	12%
Pima County	72%	8%

Sources: Kids Count 2008

Family Composition

The majority of children in the South Pima Region live in families with two parents, while Pima County reports 37 percent of families with a single parent as head of the household in 2006. In Tucson, close to half of all families, or 43 percent, were headed by a single parent, far exceeding the state figure of 33 percent. Currently data on single parent households for the South Pima region is not available.

Makeup of Households with Children Birth through 18 Years of Age

	Married Couple Households	Male Headed Household without Wife	Female Headed Household without husband
Tucson*	55%	10%	33%
Pima County*	62%	10%	27%
Arizona	65%	9%	24%

*Data available for selected city & county level only. Source: American Community Survey 2006

Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent. Estimates indicate that many of these households are led by mothers-only, while a few are led by fathers-only. While this number of single-parent households might seem high, Arizona is actually right at the national average for this statistic⁶

Many of the births in the South Pima Region are to teen age mothers. Overall, in the South Pima region, about nine babies in 100 are born to a teen mother, while in Tucson, it is 13 in 100, and in Arizona overall the number is 12 in 100. There has been a great drop overall in births to teenagers in the part of the region that is outside of the Tucson city limits from a high of 19 percent in 2002, far above the state and national levels, to 9 percent in 2006, although some of the communities in this area, such as Arivaca and Ajo, respectively report a 17 and 19 percent rate of births to teen moms. (See chart in section on Healthy Births)

6 Hernandez, D. (2006). Young Children in the U.S.: a Demographic Portrait Based on the Census 2000. Report to the National Task Force on Early Childhood Education for Hispanics., Tempe, Arizona State University.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
South Pima***	19%	15%	12%	9%	9%
Tucson***	14%	14%	13%	12%	13%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

*Teen defined as 19 years and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **Preliminary Data for 2006, 12/5/2006.

***Includes data on Ajo, Amado, Arivaca, Green Valley, Sahuarita, Sasabe, and Vail. Data on all Tucson noted separately.

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble with law enforcement, and end up as teen parents themselves.⁷

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent⁸ of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school dropout problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Pima County has approximately 2 percent of grandparents who are raising one or more grandchild. For many grandparent caregivers this responsibility is a long-term commitment.⁹ It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have limitations both financial and physical that affect their ability to respond to the needs of their grandchildren.¹⁰ In 2006, 37 percent of grandparents (60 years old or older) living with grandchildren had a disability.¹¹

⁷ Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

⁸ Ibid.

⁹ Grandparents Living With Grandparents, 2000 Census Brief.

¹⁰ Ibid.

¹¹ 2006 American Community Survey.

County	Percent of households with children under 18 led by grandparents
Apache	4
Cochise	3
Coconino	4
Maricopa	1
Mohave	2
Navajo	5
Pima	2
Pinal	3
Yavapai	<1
Yuma	2

Source: American Community Survey (2006)

Employment, Income and Poverty

Joblessness for a family impacts the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. During the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. According to the Arizona Department of Commerce, the unemployment rate in Pima County increased slightly from May 2007 (3.0 percent) to April 2008 (3.6 percent). However, it increased in May 2008 to 3.8 percent. This rate remains just below that for Arizona as a whole in May 2008, which was at 4.4 percent.

Unemployment Rates

	May 2007	April 2008	May 2008
Pima County*	3.0%	3.6%	3.8%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

*Data only available at the county level.

Source: Arizona Department of Commerce, Research Administration (June, 2008)

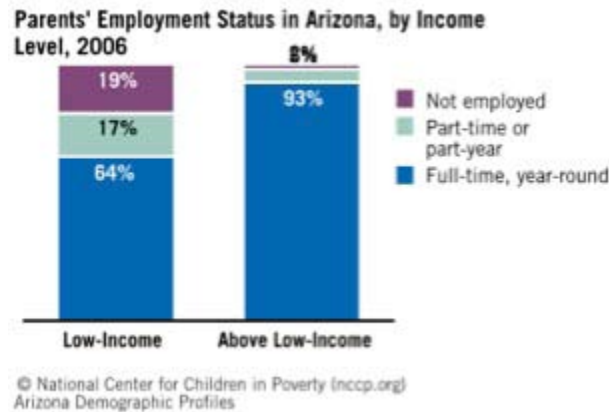
As unemployment increases, so does the request for supplemental benefits such as Food Stamps and WIC. The chart below shows the numbers of food stamp and children WIC recipients for the cities of Tucson and Sahuarita in the South Pima region as well as for Pima County.

Welfare Benefits—South Pima

Benefits For Region	Tucson	Sahuarita	Pima County
Food Stamps	75,011	504	81,836
Children WIC Recipients	21,415	192	22,666
Women WIC Recipients	10,481	105	11,014

Source: Arizona Department of Health Services, Community Health Profile, 2003.

Even Arizona parents who are employed may be struggling to “make ends meet”. Research suggests that, on average, families need an income of about twice the federal poverty level to meet their most basic needs. Children living in families with incomes below this level – \$42,400 for a family of four in 2008 – are referred to as low income. According to the National Center for Children in Poverty, 63 percent of children in low income families have at least one parent who is employed full-time, year-round. The following graph shows the relationship between low income and types of employment.



Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The chart below shows the number of food stamps and WIC recipients in Pima County in 2008 and 2007, respectively.

Food Stamp Program, Individuals Participating by County, July 2007

County	Persons Receiving Food Stamps	Percent Receiving Food Stamps
Maricopa	273,034	7%
Pima	93,077	9.7%
Apache	19,480	24%
Coconino	15,230	12.7%
Navajo	26,208	21.7%
Yavapai	12,399	5.6%
La Paz	2,749	12.7%
Mojave	21,497	11%
Yuma	26,994	13.6%
Gila	7,969	15.2%
Pinal	28,934	10.4%
Cochise	14,770	11.6%
Graham	4,838	14.4%
Greenlee	549	7.2%
Santa Cruz	6661	14.4%
Arizona	554389	8.7%

Source: Arizona Department of Economic Security Statistical Bulletin, July 2008, and July 1, 2007 population estimates, US Census.

Over 9 percent of the population in Pima County received food stamps in 2007, a rate higher than the state average. While a large number of individuals participate in the food stamps program in Pima County, many zip code areas in the Pima County have a high concentration of individuals that are eligible but not enrolled. (See chart below.) The 85706 zip code area listed below falls within the South Pima region. Data was not available for the majority of the zip codes in the South Pima region.

Top Twenty Zip Codes for Potential Improvement in Food Stamps Participation

Zip	Place	County
85040	Phoenix	Maricopa
85009	Phoenix	Maricopa
85719	Tucson	Pima
85281	Tempe	Maricopa
85239	*Maricopa/Mobil	Pinal
85006	Phoenix	Maricopa
85008	Phoenix	Maricopa
85225	Chandler	Maricopa
85017	Phoenix	Maricopa
85705	Tucson	Pima
86001	Flagstaff	Coconino
85364	*Yuma Pg/Martin	Yuma
85713	Tucson	Pima
85706	Tucson	Pima
86401	Kingman	Mohave
85015	Phoenix	Maricopa
85016	Phoenix	Maricopa
85035	Phoenix	Maricopa
85621	*Fairbank/Nogal	Cochise/Santa Cruz
85607	Douglas	Cochise

Source: Arizona Department of Economic Security.

Opportunities also appear to exist for many more infants, children, and women to receive WIC nutritional services. In 2007, 10,680 infants and children received WIC services in Pima County. In 2009, 42,580 children will be potentially eligible for services.

WIC Participation by County, 2007

County	Number Enrolled, 2007			Potential Eligible, FY 2009		
	Infants	Children	Women	Infants	Children	Women
Apache	67	167	133	651	2,602	813
Cochise	693	1413	1290	1083	4,333	1,354
Coconino	515	834	719	1217	4,870	1,522
Gila	165	329	313	464	1,855	580
Graham	197	420	353	348	1,393	435
Greenlee	63	99	79	63	251	79
La Paz	NA	NA	NA	186	742	232
Maricopa	19,283	34,493	35,046	39,920	159,679	49,899
Mojave	968	2006	1791	1738	6,954	2,173
Navajo	303	747	596	1279	5115	1599
Pima	4065	6615	5561	8516	34,064	10,645
Pinal	950	1790	1568	2348	9,393	2,935
Santa Cruz	267	503	426	538	2,152	673
Yavapai	739	1255	1324	1,773	7,093	2,216
Yuma	1392	2650	2500	2500	10,002	3,215

Source: Arizona Department of Health Services. Enrolled refers to women, infants and children certified for WIC in 2007. 2007 numbers do not include WIC data from Intertribal Council and Navajo Nation.

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics, a women with less than a ninth grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income rises to more than \$26,000 per year. With a bachelor's degree in 2004, women were reporting an income of \$41,000 per year.¹²

In Arizona, during 2006, the median income was reported at just under \$47,265 per year, almost \$1,200 less than the national median. The median income for Pima County in 2006 was \$42,984, a median income level more than \$4,200 less than the state median. There is wide variation in median incomes in the region, which contains affluent, middle income, and low-income areas. For example, median income ranges from \$20,625 in zip code 85633 (Sasabe area) to \$59,250 in zip code 85748 (east Tucson).¹³

Median¹⁴ Annual Income (per year – pretax)

	2002	2003	2004	2005	2006
Pima County*	\$37,638	\$37,818	\$38,800	\$41,521	\$42,984
Arizona	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
U.S.	\$43,057	\$43,564	\$44,684	\$46,242	\$48,451

*Data includes all of Pima County
Source: American Community Survey

¹² *US Census Bureau, Income by Education and Sex*. Retrieved on 06-30-2006.

¹³ 2000 U.S. Census Demographic Profile.

¹⁴ The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

As the tables below show, data on families and children living in poverty are not available for the various areas of the South Pima Region. The data presented is for Tucson, with its more affluent neighborhoods, and Pima County. According to this data, 10 percent of families in Pima County live below 100 percent of the Federal Poverty Level (\$21,200 a year for a family of four¹⁵). That is comparable to the percentage for the state. In Tucson, however, the percentage is higher with 13 percent of families living below the Federal Poverty Level. Data from the 2000 Census available for individual zip codes showed that for the South Pima region zip code 85633 (Sasabe area) had 52.2 percent of families living below the federal poverty level.

Families Living in Poverty (2006)

City	Percentage of families below 100% Federal Poverty Level
Chandler	5%
Gilbert	3%
Glendale	12%
Mesa	8%
Phoenix	13%
Scottsdale	4%
Tempe	8%
Tucson	13%
Yuma	14%
Arizona	10%
County	Percentage of families below 100% Federal Poverty Level
Apache	25%
Cochise	16%
Coconino	11%
Maricopa	9%
Mohave	14%
Navajo	17%
Pima	10%
Pinal	11%
Yavapai	9%
Yuma	16%

Source: American Community Survey (2006)

When considering what defines a livable wage and the required income it takes to meet a family's basic needs, many systems use the 200 percent of poverty as a significant marker.

Families Living at or Below the Federal Poverty Level (2006)

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
Pima County*	10**
Arizona	10
US	10

*Data available at the county level only for this region. Source: American Community Survey (2006)

**Six percent of these families are single headed households with children under 18 years of age.

Parent Educational Attainment

Studies have found that the educational level of the parents, especially the mother, can have consistent positive effects on such things as parenting skills, attitudes, and childrearing philosophy. Parent education can potentially impact children's outcomes by providing parents with knowledge on how to enhance the home environment in a way that supports a child's early learning and builds stronger language skills.¹⁶ Past research has demonstrated the level of the parents' education has an effect on a child's own educational success later in life and some studies have estimated that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also were successful in school.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data for the specific zip codes in the South Pima region is not available, in Pima County that percent is higher than the national average. According to data reported from 2002 to 2006, almost 25 percent or one fourth of mothers who gave birth in Pima County had less than a high school diploma, 5 percent higher than the state average over the same period of time. The rate has remained relatively stable over a five-year span. On the other hand, more than 34 percent or one third of new mothers in Pima County from 2002 to 2006 had one to four years of college education, 7 percent higher than nationally.

Percentage of Live Births by Educational Attainment of Mother

		2002	2003	2004	2005	2006
Pima County	No H.S. Degree	26%	26%	25%	24%	25%
	H.S. Degree	30%	30%	32%	31%	31%
	1-4 yrs. College	32%	33%	33%	35%	34%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 yrs. College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	Data not available	Data not available
	H.S. Degree	31%	Data not available	Data not available	Data not available	Data not available
	1-4 yrs. College	21%	27%	27%	27%	27%

Arizona Dept. of Health Services, Vital Statistics, American Community Survey
Numbers do not add to 100% since any education beyond 17 years and unknowns were excluded.

Healthy Births

Adequate and early prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a baby's healthy physical, mental, and emotional development. Yet, in many communities in the South

¹⁶ Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic Status and Parenting. In M.H. Bornstein (Eds.), *Handbook of Parenting, Volume II: Ecology & Biology of Parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

Pima region prenatal care is nonexistent or is far below what it could be to ensure a healthy birth. Barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.¹⁷ In addition, cultural ideas about health care practices may be difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.¹⁸ In some communities, such as Ajo, Amado, Lukeville and Sasabe there is no available prenatal care. Pregnant women must travel as much as two and a half hours to access prenatal services. In Arivaca and Three Points, prenatal care is only available during the first two trimesters of pregnancy. During the final trimester, women must travel to larger towns or cities to get care. Additionally, due to the large number of families whose primary language is not English, there may be language barriers, or pregnant women may not seek prenatal care due to their immigration status. All of these factors ultimately can impact the healthy birth of a child and long term development. Remedial services are much more costly in the long run.

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers;
- A 40 percent increase in the risk of neonatal death overall;
- Low birth weight babies; and
- Future health complications for infants and children.

In South Pima cities and towns overall, about 76 percent of mothers received prenatal care starting in the first trimester. The two areas in this region with the most births, Sahuarita and Vail, were at that level or higher. Overall, pregnant women in Arizona often fail to receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona¹⁹. One prominent factor in whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.²⁰ Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care. In particular, lack of health care, transportation, poverty, teenage motherhood, language barriers, immigration status, stress and domestic violence contribute to these low rates.²¹

¹⁷ Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

¹⁸ LeCroy & Milligan Associates (2000). *Why Hispanic Women Fail to Seek Prenatal care*. Tucson, Arizona.

¹⁹ Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

²⁰ Arizona Department of Health Services, Health Disparities Report, 2005.

²¹ <http://www.cdc.gov/reproductivehealth/products&pubs/dataaction/pdf/rhow8.pdf>.

Selected Characteristics of Newborns and Mothers, South Pima (2006)

Community	Total	Teen Mother (<=19yr)	Prenatal Care First Trimester	No Prenatal Care	Public \$	Low birth weight Under 2500 Grams	Unwed Mothers
Ajo	59	11	35	1	44	2	40
Arivaca	6	1	6	0	5	1	3
Green Valley	72	1	55	1	20	7	18
Sahuarita	284	23	219	3	88	19	61
Sasabe	2	0	1	0	1	0	1
Vail	213	7	180	2	26	12	27
Amado	4	0	3	1	2	1	3
TOTAL	640	73	593	13	309	42	277

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

Low birth weight, babies who weigh less than five pounds, eight ounces are more likely to have health complications at birth and later in life. Many factors contribute to low birth weight. The most common ones include: teen births, especially to teenage girls seventeen and younger, drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. There are differences in the region in percentages of low birth weight babies, as well. The Town of Sahuarita had 19 low birth weight babies or 7 percent of total number of babies born. Vail reported 12 low birth weight babies or 6 percent of the total born. Amado reported one low birth weight baby out of the four born in that community or 25 percent. In the region as a whole, there were 42 low birth weight babies in 2006.

While pre-term births for Pima County represent a smaller percentage of all births in the region, the percent has remained level and is unacceptably high at 10 percent. As previously discussed, there are limited services available in the region to assist pregnant women to find and use prenatal care services and traveling long distances for care creates a barrier especially for low income women. Coordination of city, county and state services is needed.

Compared to the nation, Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who also smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other places around the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. The highest prevalence for women who smoke during their pregnancies is found among White teenagers (30 percent, nationally).

Another factor that can greatly impact the development and health of a child is pre-term or premature birth. Pre-term birth is defined as birth before the 37th week of a pregnancy and accounts for nearly one-half of all birth defects such as cerebral palsy, and more than two thirds of infant deaths.²² In the following chart data on low birth weight is presented and can be a predictor of pre-term births. Low birth weight is directly linked to the duration of the pregnancy. Overall the rates of premature birth have been rising in the U.S. over the past 20 years, with some studies pointing to advances in medicine as well as a higher incidence of caesarian sections that

22 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New Perspectives on the Sub-Born.

are not medically necessary. The rate of premature births in the United States has increased 30 percent in the past two decades.²³ One half of all pre-term births have no known cause. One factor to consider is that since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be “late preterm”, meaning they were born between 34 to 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks considered to be full term.²⁴

Percentage of Pre-term Births (<37 weeks gestational age)

	2004	2005	2006
Pima County	10% (273)	10% (287)	10% (292)
Arizona	11% (10,239)	11% (10,229)	11% (10,818)
U.S.	12.5%	11.7%	12.8

Source: Arizona Department of Health, Vital Statistics; CDC, National Vital Statistics

Data may be preliminary but are available here http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07.pdf
http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf

Although teen births, pregnancy and birth rates in the U.S have steadily declined in the past ten years, the data on teen births in Arizona consistently show Arizona among states with the highest teen birth rates in the nation²⁵ and several small communities in the South Pima Region, such as Ajo, have very high rates of teen births. About 10 percent of American teen girls between the ages of 15 and 19 will become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.²⁶ Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.²⁷ A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only child.²⁸ In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children, and they are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

Of the total number of mothers giving birth in the region in 2006, 73 were young women under the age of 20. Two communities, Ajo and Arivaca had the highest percentages of teenagers giving birth. Ajo reported 11 births, or 19 percent and Arivaca reported 1 in 6 births, or 17 percent of babies born to teen mothers. In Sahuarita,

²³ Mayo Clinic. Premature births, November, 2006.

²⁴ Preliminary births for 2005: Infant and Maternal Health, National Center for Health Statistics

²⁵ National Center for Health Statistics, National Vital Statistics Reports, Births, 2004, 2005 2006.

²⁶ Center for Disease Control, Fact Sheet, 2001.

²⁷ Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

²⁸ Manlove, J., Mariner, C., & Romano, A. (1998). *Positive Educational Outcomes among School-Age Mothers*. Washington DC: Child Trends.

8 percent of babies born were to teen mothers and Vail reported a 3 percent rate. The zip codes that encompass Three Points (85736) and the Sunnyside School District (85706) are included in the overall statistics for Tucson are not available individually.

The implications for the region may include collaborating with other community and state agencies to assure that a range of supports to these young families are available and accessible in the region. Such support may include home visiting programs that provide age appropriate information and resources on early childhood development. Additionally high quality child care, counseling, and case management services to complete high school and prepare for advanced education or employment are needed. Teenage parents and their families may need a variety of community services to assure their children are born healthy and have a good start in life.

Health Insurance Coverage and Utilization

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's ongoing appropriate care as needed. Research shows that children with health care insurance²⁹:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

When parents can't access health care services for preventive care such as immunizations, there may be a delay in diagnosing health problems, failure to prevent health problems, or the worsening of existing conditions.³⁰ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.³¹

Arizona has had a higher percentage of children without health insurance coverage compared to the Nation for 2001 to 2005. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, only 48 percent of children (ages birth through 18) receive employer-based coverage, compared to 56 percent of children nationally.³²

²⁹ Johnson, W. & Rimaz, M. Reducing the SCHIP Coverage: Saving Money or Shifting Costs. Unpublished Paper, 2005. Dubay, L., & Kenney, G. M., Health Care Access and Use Among Low-Income Children: Who Fares Best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured Estimates Based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

³⁰ Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic Differences in Children's Health: How and Why do these Relationships Change with Age? *Psychological Bulletin*, 128, 2002, 295-329.

³¹ National Education Goals Panel. *Reconsidering Children's Early Developmental and Learning: Toward Common Views and Vocabulary*. Washington DC.

³² . Urban Institute and Kaiser Commission on Medicaid and the Uninsured Estimates Based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

Percentage of Children (Birth through Five Years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005
Arizona	14%	14%	13%	14%	15%
U.S.	10%	10%	10%	10%	10%

Source: Kids Count

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona’s publicly funded, low cost health insurance programs for children in low income families. As the chart shows, 16,833 children (ages birth through five years) were enrolled in AHCCCS or KidsCare in Pima County in 2007. Data for the various communities in the South Pima region was not available at this time.

Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Pima County	13,680	16,269	15,444	15,711	807	942	969	1,122	14,487	17,211	16,413	16,833
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While many children do receive public health coverage, many others likely qualify. In 2002, the Urban Institute’s National Survey of America’s Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.³³ Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many more children are likely to qualify for public coverage. National studies suggest that these same children are likely to not live in families who have access to employer-based coverage.³⁴ An internal report by the United Way of Tucson and Southern Arizona estimates that as many as 14,174 children (ages birth through 18) in the South Pima Region zip codes are eligible for KidsCare or AHCCCS but are not enrolled.

A lack of health coverage and these other factors combine to limit children’s access to health services. According to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had at least one well-check visit in the last year and had a regular doctor. According to the same study, only a little more than half (55 percent) of children who needed behavioral health services received some type of mental health care in 2003.³⁵

While a variety of factors ultimately influence access to health care, health cover-

33 Genevieve Kenney, et al, “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 31, 2003.

34 Long, Sharon K and John A. Graves. “What Happens When Public Coverage is No Longer Available?” Kaiser Commission on Medicaid and the Uninsured, January 2006.

35 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

age does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, for children under age five enrolled continuously in AHCCCS in Pima County, 80 percent received at least one visit to a primary care practitioner during the year in 2007, such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner (See chart below). Data is only available for all of Pima County and does not allow comparing this information for children living in rural communities where medical facilities are not available.

Percent of Children (12-months through five Years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Pima County*	Arizona
2005	81%	78%
2006	80%	78%
2007	80%	78%

*Data only available at the county level. Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007.

Access to dental care is also limited for young children in both the state and the region. A search of the American Academy of Pediatrics and American Academy of Pediatric Dentists revealed four member pediatricians in the South Pima region and only one listed pediatric dentist. But even when services are available, parents are not aware of the importance of getting routine oral examinations for their child beginning at age one. As the chart below shows, in 2003, tooth decay statistics and sealant treatments were above those of the state. This data is not currently available for children under age six.

Oral Health—Children Six to Eight Years Old

(2003)	Untreated Tooth Decay	Tooth Decay Experience	Urgent Treatment Needs	Sealants Present
Tucson	44%	65%	7%	26%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Accessing appropriate medical and dental services is even more challenging for children with a developmental delay or disability. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 said they did not provide dental services to children with developmental delays stating they did not have adequate training; the environment of their practices was not compatible with providing services for this special population of children; or they were insufficiently reimbursed to treat these patients.

According to the same survey, another barrier to accessing health services is the inability for medical providers to communicate in the patients' home language. Thirty-seven percent of 788 AHCCCS providers surveyed in 2005 (98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider. The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with American Disabilities Act (ADA) and Arizona Department of Health Services (ADHS) to increase the number of providers who accept young children.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, firearms, exposure to lead, or unfenced pools. This section provides information on child abuse and neglect and child fatalities in the South Pima region.

Child abuse and neglect can result in significant damaging affects to the developing brains of young children with devastating consequences to their capacity to learn.

According to the National Scientific Council on the Developing Child, studies indicate that stress that is caused by abuse and neglect can have an adverse affect on brain development. In extreme cases of severe and chronic abuse, toxic stress may result in the development of a smaller brain. Less extreme exposure to toxic stress can change the stress system so that it is more sensitive to events that might not be stressful to others, thereby increasing the risk of stress-related physical and mental illness.³⁶

Child abuse and neglect are strongly linked with poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy. The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for these negative outcomes. The data provided in this report includes state and county level data for children under age 18.

It is important to note that the substantiation rate is not an indicator of risk and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be proven but it is determined that the child is at imminent risk of harm and services and supports are put in place to keep the child safely at home, or the child is removed from the setting. The numbers of reports that are considered substantiated are a portion of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below provides a history of child abuse reports received and the outcome for Pima County.

Child Abuse Reports, Substantiations, Removals, and Placements for Pima County*

	Oct 2003 – Mar 2004	Apr 2004 – Sep 2004	Oct 2004 – Mar 2005	Apr 2005 – Sep 2005	Oct 2005 – Mar 2006	Apr 2006 – Sep 2006	Oct 2006 – Mar 2007	Apr 2007 – Sep 2007
Number of reports received	3,415	3,159	3,506	3,471	3,413	3,022	2,981	3,200
Number of reports Substantiated	NA	NA	NA	NA	429	408	353	296
Substantiation rate	NA	NA	NA	NA	13%	14%	12%	9%
Number of new removals	878	775	828	904	899	853	804	951

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for “number of reports substantiated” not available prior to October 2005 through March 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled “Number of Reports Responded to by Type of Maltreatment and County.”

³⁶ Excessive Stress Disrupts Architecture of the Developing Brain, National Scientific Council on the Developing Child, Retrieved, July, 2008. http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf.

Pima County had 649 substantiated cases of abuse or neglect in the fiscal year 2007. Even though the total number of reports decreased from 2005 to 2006, it would be difficult to describe that as a trend, because second quarter numbers were higher in 2007 and the numbers fluctuate across years. Substantiated reports are down, but removals from homes are up in the last six-months reported. Inadequate staffing and a high caseload for Child Protective Services investigative staff can impact the number of cases investigated and substantiated.

The table below provides information on state and national child abuse statistics in 2005 and 2006. This table shows child fatalities from abuse or neglect rose statewide from 50 to 60 between 2005 and 2006.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.

**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses

Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

The table below provides a breakdown of reports received by each county. A total of 17 percent of the reports received were in Pima County, involving 3,200 children. Of those, 1,924 reports were reports of neglect, followed by 1,045 reports of physical abuse, 181 reports of sexual abuse, and 50 reports of emotional abuse.

Number of Reports Received by Type of Maltreatment and County, April 1, 2007 – September 30, 2007

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
% of Total	1.2%	60.4%	32.3%	6.1%	100.0%	

*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to ten million incidents each year. In 2006, three point six million referrals were made to Child Protective Service agencies (CPS), involving more than six million children. While 60 percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by a lack of resources to investigate all cases thoroughly, lack of training for CPS staff, where employee turnover rates remain high, and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

A startling statistic shows that the youngest children suffer from the highest rates of neglect and abuse. Children under one year of age are almost twice as likely to suffer injury, neglect, or abuse.

- Birth to one year 24 incidents for every 1,000 children
- One to three years 14 incidents for every 1,000 children
- Four to seven years 14 incidents for every 1,000 children
- Eight to 11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state’s poor rank-

ing. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

In response to growing concerns over abused and neglected children in the state, Arizona governor Janet Napolitano commissioned the 2004 Prevention System Subcommittee's *"Action Plan for Reform of Arizona's Child Protection System"*. As part of the Action Plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to age four, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with developmental delays. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access other high quality child care.

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. In Pima County there were 2,227 child placements in 2004 and that number increased to 2,386 in 2005 (See chart below).

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.³⁷ The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resources for families that focus on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods through programs such as *Neighbors Care*.

Child Placements in Foster Care

	2002	2003	2004	2005	2006
Pima County	Not available	Not available	2,227	2,386	Not available
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

*All children in out-of-home care (such as foster care)

**Includes all children under the age of 18 years

***Based on total number of children removed from the home birth through age five years

Sources: The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

The infant mortality rate can be an important indicator of the health of communities. Research on children who do not survive confirm the importance of infant survival rates as critical indicators of child well being and the health of the community. Infant mortality is higher for children whose mothers began prenatal care late or had none

at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.³⁸ Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.³⁹ In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. An area of concern may more importantly focus on other factors such as those due to injury – and unfortunately, in many circumstances a preventable injury. The table below provides information on the total number of child deaths in Pima County for children under the age of four, followed by the leading causes of deaths for children (birth to 18) in Pima County.

Child Deaths

	2003	2004	2005	2006
Pima County*	1% (118)	2% (131)	2% (142)	2% (131)
Arizona	2% (872)	2% (870)	2% (938)	2% (920)
U.S.	1% (32,990)	Not available	1% (33,196)	Not available

*Data only available at county level. **Data only available for children birth to 14 years of age.

Sources: Arizona Department of Health Services

Leading Causes of Death of Children Birth to 18 (n = 406) in Pima County During 2006⁴⁰

1. Natural causes	69 %, n=101
a. Medical causes	n=48
b. Prematurity	n=52
c. Sudden Infant Death Syndrome	n=1
2. Accidents	22 %, n=32
3. Undetermined	7 %, n=11
4. Homicide	1 %, n=2
5. Suicide	1 %, n=1

38 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant Mortality Statistics from the 1999 Period Linked Birth/Infant Death Data Set. In *National Vital Statistics Report* (Vol. 50), National Center for Health Statistics.

39 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic Differences in Children's Health: How and Why do these Relationships Change with Age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from Childhood Leukemia Depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among Children and Young Persons in Sweden in Relation to Childhood Socioeconomic Group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing Better or Wheezing Worse? The Changing Epidemiology of Asthma Morbidity and Mortality. *Annual Review of Public Health*, 1993, 491-513.

40 2006 Child Fatality Review for Pima County. Available at: <http://www.azdhs.gov/phs/owch/pdf/pima06.pdf>.

Children's Educational Attainment

High quality early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in high quality comprehensive educational programs prior to kindergarten is related to improved school performance in the early years.⁴¹ Furthermore, research indicates that when children are involved in a high quality early childhood program over a long period of time with additional intervention in the early school years, better outcomes can emerge.⁴² Long-term studies have documented early childhood programs with positive impact carrying into the adolescent and adult years.⁴³ Lastly, research has confirmed that high quality early childhood education enhances young children's social developmental outcomes such as peer relationships.⁴⁴

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Being prepared for school includes the ability to self-regulate behaviors, problem-solve, demonstrate self confidence, and exhibit the willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. In addition, most scholarly definitions about school readiness also address the need for the school to be ready to meet the needs, instructional, social and personal, of every child who enters kindergarten.

Currently no instrument exists across Arizona that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools beginning in kindergarten is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their progress in developing these skills throughout the year. The DIBELS often tests only a small set of skills around letter knowledge and phonological awareness without assessing other areas of children's language and literacy development such as print awareness or comprehension.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Nor is it a full

41 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start Effects Sustained? A Longitudinal Follow-Up Comparison of Disadvantaged Children Attending Head Start, No Preschool, and Other Preschool Programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*; Reynolds, A. J. Effects of a Preschool plus Follow-Up Intervention for Children at Risk. *Developmental Psychology*, 30, 1994, 787-804.

42 Reynolds, A. J. Effects of a Preschool plus Follow-Up Intervention for Children at Risk. *Developmental Psychology*, 30, 1994, 787-804.

43 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment. *Developmental Psychology*, 37, 2001, 231-242

44 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The Children of the Cost, Quality, and Outcomes Study Go to School: Technical Report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

measure of a child's readiness for school. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS						
	Beginning of the Year			End of the Year		
	Percent Intensive	Percent Strategic	Percent Benchmark	Percent Intensive	Percent Strategic	Percent Benchmark
AZ Reading First Schools	52	35	13	10	12	78
Continental School District	30	25	45	7	13	80
Sahuarita Unified	61	21	18	18	11	71
Sunnyside Unified School	54	36	10	14	18	68

*From the DIBELS assessments available, there were five school districts reporting within the South Pima Region but two reported individual student scores rather than district percentages.

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation.

Data is available from four school districts for the South Pima region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in third through eighth grades related to their achievement toward Arizona's Academic Standards in writing, reading, and mathematics. This assessment provides each student's national percentile rankings in the areas tested.

The table below shows the percent of students in third grade, who exceeded, met, approached, or fell far below the standards in reading, writing and math in the elementary school districts of the South Pima Region. Altar Valley District shows the poorest performance with only one fourth of the students meeting or exceeding standards in the mathematics standards and 9 percent of students meeting or exceeding the reading standards. These poor scores may relate to the high incidence of English language learners in the area. Additionally, it is important to note that Altar Valley is a much smaller district in size and the smaller the total number of students, the more impact each student's score has on the total.

South Pima AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing (Percent)

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Ajo Unified	17	27	40	17	7	50	43	0	6	19	74	0
Altar Valley Elementary	22	20	48	9	16	32	52	0	3	32	64	2
Sahuarita Unified	4	17	62	17	4	19	65	12	3	10	71	17
Sunnyside Unified	10	19	58	13	8	27	57	7	4	12	71	13
Vail	2	6	54	37	2	8	65	26	2	5	71	21
Arizona	9	17	54	20	3	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Third Grade Summary

NA is used when data have not been published to protect student privacy in districts in which fewer than ten students took the exam.

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.⁴⁵ As the chart on schools in the South Pima region show, high school graduation rates vary by school district and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. Compared with the state and national data, the South Pima schools shown here, except Ajo Unified and Sunnyside, have higher graduation rates overall and sometimes by a substantial amount in 2006.

High School Graduation Rates

2006

South Pima High School Districts	Total Number of Graduates	Total Number in Cohort	Four Year Graduation Rate
Ajo Unified (N=1)	22	41	54%
Sahuarita Unified (N=1)	182	223	82%
Sunnyside Unified (N=2)	589	918	64%
Tucson Unified (N=23)	3312	3895	85%
Vail Unified (N=3)	334	389	86%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

2004

South Pima High School Districts	Total Number of Graduates	Total Number in Cohort	Four Year Graduation Rate
Ajo Unified (N=1)	23	27	85%
Sahuarita Unified (N=1)	143	178	80%
Sunnyside Unified	546	789	69%
Tucson Unified (N=23)	2848	3293	87%
Vail Unified (N=1)	30	38	79%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

* Arizona Department of Education

** National Center for Education Statistics

⁴⁵ Sigelman, C. K., & Rider, E. A., *Life-Span Development*, 2003, Pacific Grove, CA: Wadsworth.

Current Regional Early Childhood Development and Health System

Regional Findings on Early Childhood System

The South Pima Region is a region where many of the communities have great needs around services for children birth through five years of age. The South Pima Region is a diverse area made up of urban, suburban, retirement, and rural communities. It is a fast-growing region with new housing developments attracting young families with young children. These fast growing communities struggle to keep up with the rapid growth in these areas in providing the support infrastructure needed such as medical facilities, schools, parks, libraries and child care. It is also a region of many small, isolated rural communities with few economic and employment opportunities.

In many of the fast growing areas, schools are the only infrastructure in place. They serve the communities not only by providing educational opportunities but also by providing preschool, wellness clinics, clothing banks, food distribution sites, playgrounds for children and families to use outside of school hours, and buildings leased to faith-based institutions to provide religious services on weekends.

There are no hospitals in the South Pima Region. Families must travel to Tucson, Casa Grande, or Nogales to access a hospital. Small clinics dot the region's communities offering limited services for medical and dental needs. Families in rural areas must travel as much as two hours one way to access some medical services such as prenatal and dental care. There are only four pediatricians and one pediatric dentist in this region.

The South Pima Region is comprised of 15 zip codes that range from upper middle income to high poverty, from bedroom communities with large numbers of families with young children to retirement communities, to small rural, isolated communities. Several of zip code areas have large numbers of immigrant families where English is not the primary language spoken in the home. Children entering school frequently do not have mastery of the English language, putting them at risk of falling behind in school. This also creates a challenge for the schools that must support the child's development of English. Children of immigrant families are also more likely to be living in poverty. Families struggle to make ends meet financially. Accessing ongoing preventative medical care for their children can be impacted by lack of clinics and medical services in the immediate area, lack of transportation, and language or cultural barriers. In spite of the high level of poverty in some communities, there are pockets of rich cultural heritage and pride. Some of the small rural communities have worked collaboratively and creatively to enhance the few resources they have.

The South Pima Region is rich in diversity: culturally; linguistically; and economically. It is an area with many young children and several rapidly growing communities. In general it lacks high quality child care and early education opportunities and basic health related services for the many children living within. It is a region that, given financial support, is ready to respond to needs of its children.

Quality

Families use many criteria to make decisions about care for their children in South Pima. Factors of importance include: cost, proximity to home or work, recommendations from friends, family or acquaintances. Parents also use personal assessments of the center or home's environment and interaction between themselves, caregivers, and children. Given the differences in knowledge of parents looking for care for their children, making these important decisions based on this information only, causes many parents to be uneasy.

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents for South Pima Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education. This list consists of, alphabetically:

Association Montessori International/USA (AMI),

American Montessori Society (AMS)

Association of Christian Schools International (ACSI)

National Accreditation Commission for Early Care and Education (NAC)

National Association for the Education of Young Children (NAEYC)

National Early Childhood Program Accreditation (NECPA).

National Association for Family Child Care (NAFCC)

Based on this list of accrediting organizations approved by the Arizona State Board of Education, data in the tables below presents the number of accredited early care and education centers, Data is also presented on Head Start Centers. Head Start centers are included because Head Start centers follow federal Head Start Performance Standards and are subject a rigorous federal Regional Review every three years.

The South Pima Region has only ten accredited early care and education programs. Eight of these programs are accredited through the National Association for the Education of Young Children (NAEYC). All eight of these preschool programs are operated by schools districts. Three are located in the Vail Unified School District, one in the Tucson Unified School District, and four in the Sunnyside Unified School District. One of the accredited preschool programs, the Ocotillo Preschool Special Education Program, serves approximately 200 children each year, and specializes in speech therapy, occupational therapy, and physical therapy services for children with developmental delays. This region also has nine Head Start programs which are located in the 85321, 85706, and 85730 zip codes. Two of the 37 family child care homes in this region are accredited by the National Association for Family Child Care (NAFCC) and both are located in the 85706 zip code. Based on this data, only about 9 percent of the available early care and education options for parents in the South Pima Region are of quality when using accreditation as a measure.

Number of Accredited Early Care and Education Centers in South Pima Region, 2008

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers	0	0	0	8	0	2	9*

Sources: NAEYC, AMI, AMS, ACSI, NAC, NECPA, NAFCC, lists of accredited providers.

AMI Recognition Schools List

AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>.

ADHS Licensed Child Care List http://www.azdhs.gov/als/child_care/.

ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>.

NAC Accredited Centers <http://www.nacp.org/displaycommon.cfm?an=1&subarticlenbr=78>.

http://www.naeyc.org/academy/search/Search_Result.asp.

NAFCC Accr. Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>.

NECPA <http://www.necpa.net/AccreditedPrograms.htm>.

*Source: Arizona Department of Health Services list of Licensed Child Care Centers

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios. Both of these factors have been shown to be significant predictors of high quality.⁴⁶

Increasing the number of high quality child care options for families with young children by supporting the First Things First Quality First! initiative or supporting programs in getting nationally accredited would improve the early education and care settings in which young children spend a good portion of their day and would have the potential to improve their long term educational outcomes.

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (Birth to 15 Months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (Two and a half to three years)				1:6	1:7	1:8	1:9			
Pre-school (Four years)						1:8	1:9	1:10		
Pre-school (Five years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

Access

Overwhelmingly, the lack of early care and education services has been identified as a universal need in every community comprising the South Pima Region. Family demand and access to early care and education is a complex issue. Availability and access are influenced by factors such as: number of early care and education centers or homes that have the capacity to accommodate young children; eligibility criterion for enrollment; time that families have to wait for an available opening (waiting lists); ease of trans-

⁴⁶ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

portation to the location; hours of operation; and the cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition.

Early care and education programs fall into several categories and are regulated or licensed through several different agencies. The Department of Health Services, Office of Child Care Licensure (DHS) is responsible for licensing small group homes that can enroll up to ten children up to the age of 12 years. They also license private child care centers, Head Start programs, and school-based preschool programs that enroll five or more children. Most school-based preschool programs are also accountable to the Department of Education. The Department of Economic Security (DES) certifies family child care providers who can enroll up to five children. Additionally, there are many other child care settings that operate without regulation. School based programs that provide services only for children with an identified developmental delay are exempted from licensing unless they enroll five or more children without developmental delays. This regulation discourages the creation of inclusive classrooms. While licensure and regulation by the Departments of Economic Security and Health are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided only with national accreditation as discussed in the previous section on Quality and in the forthcoming Quality Improvement and Rating System.

The best data available at this time shows that there are 89 facilities licensed by DHS in the South Pima Region, including fee paying and non-fee paying: 16 private child care programs; 9 Head Start sites; 27 school district sites and 37 small group homes.

Additionally, Sunnyside Unified School District, Altar Valley School District, Continental School District, Sahuarita Unified School District, Vail Unified School District and Tucson Unified School District operate preschool programs to support children with developmental delays. The following chart shows the location of these programs by zip code. It is evident that the majority of zip code areas within the South Pima Region do not have any type of child care or preschool program available. There are very few early care and education programs that provide care for infants. At this time, there are no facilities caring for infants in the Vail, Rita Ranch, Amado, Arivaca or Ajo communities and no child care settings for children under the age of 12 months in Sahuarita or Green Valley.

The following chart shows the early care and education options for families residing in the South Pima Region. Many of the zip code areas have no child care available presenting a hardship for working families. Lack of child care and education options was noted by families as the number one need in surveys conducted by the Vail School District's Community Action Board and the Southern Pima County Early Childhood Partnership in the Sahuarita and Green Valley area in the spring of 2008.

Department of Health Services Licensed Early Care and Education Options in South Pima Region By Zip Code

Zip Code	Nearby Community	Small Group Homes	Licensed Child Care	Head Start	Public School Preschool
85321	Ajo	0	0	1	0
85601	Arivaca	0	0	0	0
85602	Happy Valley	0	0	0	0
85614	Green Valley/Sahuarita	0	2	0	3
85629	Sahuarita	0	0	0	1
85633	Sasabe	0	0	0	0
85637	Sonoita	0	0	0	0
85641	Vail	0	0	0	2
85645	Amado	0	0	0	0
85706	Tucson Airport	27	5	7	12
85730	Southeast Tucson	8	5	1	2
85735	Tucson Mountain Park	1	1	0	1
85736	Three Points	0	1	0	1
85747	Rita Ranch	1	0	0	4
85748	Tucson – east of Harrison	0	2	0	1

Source: Arizona Department of Health Services Office of Child Care Licensure, June 2008

South Pima region parents have identified access to quality child care and preschool as the most important thing for children to be ready to enter kindergarten. The two preliminary parent surveys previously noted report that parents in this region want more affordable and high quality child care options, particularly for infant and toddler care.

There are numerous types of early care and education programs in the South Pima Region. These numbers indicate that parents have choices between types of care providers. However, these data do not indicate whether parents in the South Pima region have *quality* choices for care for their children and these options are mostly available in the 85706 zip code and not available at all in other communities in the region. Currently in Arizona, center or home based programs have only a few options to designate their quality of operation. Accreditation by a nationally recognized accrediting body indicates that the level of quality is important to the provider and has been measured and acknowledged.

It was not possible at this time to get an accurate count of children enrolled in early care and education programs. Identification of methodologies and data collection related to regulated and unregulated care and demand for early care and education are a priority for the future.

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8,000 for an infant in a licensed center to about \$5,900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couple with children under 18 years. It represents 22 to 30 percent of the median income of a single, female head of household family in Arizona.

Child Care Costs and Family Incomes

	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	\$7,974	\$4,542-\$14,591
Average, annual fees paid for full-time center care for 4-year-old	\$6,390	\$3,380-\$10,787
Average, annual fees paid for full-time care for an infant in a family child care home	\$6,249	\$3,900-\$9,630
Average, annual fees paid for before and after school care for a school age child in a center	\$6,240	\$2,500-\$8,600
Average, annual fees paid for before and after school care for a school age child in a family child care home	\$5,884	\$2,080-\$7,648
Median annual family income of married-couple families with children under 18	\$66,624	\$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	\$26,201	\$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

NACCRRRA Fact Sheet: 20008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>

The table below presents the average cost for families, by type, of early care and education. These data were collected for the Department of Economic Security's Market Rate survey by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children and class size are usually lower. Clearly these costs present challenges for families, especially those at the lowest income levels. Understanding these costs begins to paint a picture of how family choices in early care are often determined almost exclusively by financial concerns rather than concerns about quality of care and education provided.

In the South Pima Region, child care rates are highest for licensed centers when compared with other settings. Costs for infant care show the greatest difference by type, at over \$5.00 more per day for a licensed center compared with group or certified homes.

Average Costs of Early Care and Education

Setting Type & Age Group	2006		
	Infant	Toddler	Preschool
Group Homes	23.83	23.47	23.47
Licensed Centers	29.58	28.60	23.47
In Home Care	20.90	20.90	20.30
DES Certified Homes	20.90	20.60	20.27
Alt. Approved Homes	17.23	15.73	15.62
Non-Regulated Homes	23.92	23.33	23.82

** Assumes full-time enrollment

Sources: 2006 DES Market Rate Study

As with many other services, the cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate and affordability level for families. Increased quality often requires more employees, higher educational qualifications, increased training, and better employee compensation. These are expensive business practices and demand increased compensation to the child care or program provider – costs that are typically a heavy burden for families with young children. The child care subsidy that helps offset the costs for qualifying families reimburses child care providers at the 2000 market rate, eight years behind the current level of cost. This places a huge strain on child care providers who must either absorb the costs or pass them on to families in the form of higher co-payments. It is important for Regional Councils state-wide to advocate for higher subsidy rates in order to ultimately impact the quality of care for young children.

Health

For families and their children, good health, beginning with a healthy birth is an essential element integrally related to their learning, social adjustment and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well-being necessary for them to succeed when they reach school-age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Access to health insurance is also an essential element to support the health of children. Research shows that children that are covered by health insurance are more likely to receive the range of health care services that will support their healthy growth and development.

While the actual number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start. Health insurance significantly improves children's access to health care services and reduces the risk that an illness or injury will go untreated or that the illness will become so severe that the costs for treatment create economic hardships for families.⁴⁷

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are included in insurance plans; the number of health care providers including primary care providers and specialists; the distance families have to travel to health care services; and the linguistic and cultural accessibility of services.

For the many South Pima Region residents who do not speak English, this last factor may potentially play a large role. While no such specific evidence exists for

⁴⁷ Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

the region, such evidence does exist statewide. Thirty-seven percent of 788 AHCCCS providers surveyed in 2005 (98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.⁴⁸ Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, citing cultural understanding and sensitivity as one contributing factor.⁴⁹ Providing added compensation for bilingual staff should be a consideration for attracting and retaining bilingual staff.

Availability of health services in the rural communities of the South Pima Region is another significant factor that can impact whether children receive regular preventative health care. For families living in communities such as Sasabe, Amado, Arivaca, Lukeville, Ajo and Vail the distances they must travel to access medical and dental services for their children presents a barrier. For a family living in poverty, reliable transportation, fuel costs and the additional time taken off from work to travel as far as two hours one way can be a significant deterrent to getting regular preventative care for their child.

Good oral health begins during the prenatal period with a pregnant woman's access to good oral health care for herself. Following birth, parents support their baby's good oral health by keeping gums clean and, as baby teeth emerge, scheduling a first oral health visit by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affects the health of children into adulthood, but can cause pain and discomfort that interferes with learning. Yet many health professionals do not routinely advise parents to get check-ups for children this young and many dental offices do not see infants and toddlers.

A local Oral Health Program funded by the Weyerhaeuser Foundation, and managed by United Way staff has been in operation since 2006. The program screens young children ages one through five and has provided fluoride varnish for over 500 local children. Staff also set-up tooth brushing programs in 20 child care centers, and experienced oral health educators have provided oral health educational instruction for approximately 100 child care staff and parents. Out of the 530 children screened in Pima County, the majority (69 percent) revealed "white spots", which are pre-cavities or pockets of demineralization that, left untreated can turn into full blown cavities. Untreated decay and treated decay (fillings, caps, or pulled teeth), as well as early childhood caries (severe decay) were the remaining areas for concern discovered by the screenings. The data from these services is collected using a standardized tool called the Basic Screening Survey. This tool is used by a number of states besides Arizona who are collecting the same data and this local oral health program had the privilege of sharing their program results at the National Smart Start conference in North Carolina this past year. This program worked with the children in seven centers in the 85706 and 85736 zip codes in the South Pima Region. Centers were selected based on the percentage of children who qualify for free and reduced meals, since they are more likely to have poor oral health.⁵⁰

Immunization of young children is known to be one of the most cost-effective

48 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

49 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

50 Weyerhaeuser Foundation Oral Health Program, United Way of Tucson and Southern Arizona, 2008,

health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. Immunizations not only directly protect the children that are immunized, but also protect the children not immunized by decreasing the chances that disease outbreaks will occur. A Healthy People 2010 goal for the U.S is to reach and sustain full immunization of 90 percent of children two years of age. Although recent data was unavailable for this report, data from 2003 indicate that Pima County lags behind the state and nation in percent of immunized two year olds, according to the 4:3:1:3 immunization schedule. Tucson (63.6 percent) and the city of Sahuarita (71 percent) both had higher percentages than the county as a whole, but were well below the state (79.8 percent) and the nation (80.3 percent). As is often the case, data specific to South Pima Region zip code areas is not available.

Percent of Immunized Two-Year-Olds

South Pima RPC	2003
Sahuarita	71.0
Tucson	63.6
Pima County	59.4
Arizona	79.8
US	80.3

Source: Arizona Department of Health Services Community Health Profiles, 2003

A preliminary report of an online survey of parents with young children in Southern Pima County conducted by the Early Childhood Partnership of Southern Pima County (ECPSPC) included 107 respondents from the region. In response to a question about healthcare, 96 percent said they ensure well-child check-ups, 78 percent ensure oral health check-ups, 98 percent ensure immunizations, and 59 percent ensure developmental screenings.

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics (AAP) recommends that all children receive a developmental screening at nine, 18, and 24 months using a valid and reliable screening instrument. Providing children with special needs supports and services early in life leads to better health, better outcomes in school, and greater opportunities for success and self-sufficiency into adulthood. Research has documented that early identification and subsequent intervention for children with special needs can lead to enhanced developmental outcomes and reduced developmental problems⁵¹

Although recommended by the American Academy of Pediatrics, physicians do not all use a standardized instrument to routinely screen children for developmental delays. Limited use of developmental screening is of particular concern, especially considering nearly half of all parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42

⁵¹ Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Each Intervention for Children with Special Needs and Their Families: Findings and Recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables Related to Progress in a Parent-Infant Training Program for High-Risk Infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of Infant Mental Health*, 2000, New York: The Guildford Press.

percent)⁵². Parents' access to specialized services becomes a significant issue when children go unidentified. The opportunity to identify children early is further complicated when parents and other early care and education professionals lack the information and skills necessary to recognize children who may be experiencing delayed growth or development. Children who do not have access to continuous, ongoing medical care face the additional challenge of not receiving well-child checks and therefore, also not receiving early screening. Intervening early in a child's development is critical to circumventing long term expensive remedial supports later in the child's life.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention (services to infants and toddlers, birth to age three), special education (services to children ages three to 21), and related services. Infants and toddlers with disabilities and their families may receive early intervention services under IDEA Part C. Children and youth (ages three to 21) may receive special education and related services under IDEA Part B. In addition to educationally based interventions, children receive care for special health needs through the various health providers in Arizona.

In Arizona, the system that serves infants and toddlers with developmental disabilities is the Arizona Early Intervention Program (AzEIP). Children are determined to be eligible for services if they are 50 percent delayed in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Part B of IDEA outlines the services school districts must provide to eligible children ages three to 21. Educationally based intervention services for children in this age group are provided through a child's local school district.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation (by AzEIP if birth to age three; or school districts if three to five years) to determine whether they are eligible for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One way to measure the effectiveness of screening activities is to look at the percent of children who are determined to be eligible compared to the total number of children who are referred for screening. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

The following chart shows the number of children ages birth through 12 months and 13 to 36 months found eligible (in need of services) and served through AzEIP for Pima County.

Children Birth through Three Years Receiving Developmental Services in Pima County

Service Received According to Age Group	2005	2006
Birth through 13 months	122 (0.90%)	123 (0.90%)
13-36 months	839 (2.18%)	924 (2.32%)

Source: Arizona Early Intervention Program, Arizona Department of Health Services

⁵² Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

There are many challenges for Arizona's families. Eligibility requirements vary within the agencies and systems, there is a shortage of therapeutic specialists, especially in rural areas, and the complexity of the system can be difficult for families to navigate. Of particular concern are national shortages in mental health, speech, physical, and occupational therapists, especially those with specific knowledge in working with young children and their families and those with bilingual skills. Designing solutions to the varying challenges surrounding early intervention, special health care and special education will require the combined efforts of state and regional stakeholders.

Parents are key in creating change for the system. They can begin by being a primary advocate for their children to ensure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention/special education systems and how they work, are parent support services that each region can provide. These measures, while not fully addressing the system, will give parents some of the resources they need to increase the odds for their child's receipt of timely screening, referrals, and services.

Healthy weight and physical activity are important to children's wellness and their long term health. Overweight children now tend to have health problems more commonly found in adults like diabetes, high cholesterol and high blood pressure. The percent of young children over weight for height has become a concern to pediatricians and families. A recent national report of children's wellbeing provided data that show that 18 percent of children ages six to 17 years in the nation are overweight⁵³ According to National Pediatric Nutrition data (PedNSS) a growing percent of our nation's children younger than age five are overweight. Attention to healthy weight supported by good nutrition and daily physical activity during early childhood is a key for parents and all of their care givers to support healthy development

Women who receive prenatal care in the first trimester of a pregnancy are more likely to give birth to healthy babies. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy and continue throughout the pregnancy with at least 13 visits. For the last three years, approximately one quarter of all Arizona women giving birth had the recommended thirteen or more prenatal visits and the trend for this indicator is at least heading in the right direction. The percent of Arizona women that had no care has remained constant at about 3 percent and is somewhat lower than for the percent of all U.S. women delivering with no care. There are many barriers that pregnant women experience that result in delayed or inconsistent prenatal care. Some of these include low income, lack of health care coverage, and distance from prenatal care providers, lack of knowledge and experience with the health care system, stress and domestic violence⁵⁴. Among pregnant women, teens are less likely to begin prenatal care in the first three months of pregnancy and to have the recommended number of prenatal care visit. Many of the small, rural communities in the South Pima Region do not have facilities that provide prenatal care and additionally have high teen pregnancy rates creating a further barrier for pregnant women and placing newborns at higher

53 Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2008*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

54 <http://www.cdc.gov/reproductivehealth/products&pubs/datatoaction/pdf/rhow8.pdf>.

risk of complications. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child.

Regardless of the age of the mother, smoking during pregnancy, and alcohol and drug use are risk factors that may result in low birth weight. Teenage mothers, especially those seventeen and younger, are more likely than women in their 20s and 30s to give birth to a baby with low birth weight. Furthermore, women who smoke during pregnancy are at greater risk for premature births, low birth-weight babies, stillbirths, infant mortality, and other complications. Data show that young women ages 17 to 19 are more likely to use tobacco before and during pregnancy thus also increasing the risks of low birth-weight. Low birth weight is but one of the many potential adverse effects on an infant before and after birth when pregnant women use alcohol and other drugs during pregnancy.

Coordination of city, county and state services is needed, as well as further research at the state and national level, on the factors contributing to poor birth outcomes. Services to assist women prepare for a healthy pregnancy before they become pregnant is a worthy goal to support healthy births. When women do become pregnant information, education, and support is needed to help them receive the support and care they need to use early and continuous prenatal care and adopt a healthy lifestyle free from tobacco, alcohol or other substance use.

The South Pima Regional Council requested information regarding childhood asthma. There is no state or regional level data on the prevalence of asthma in children; however, the state has begun collecting hospital discharge data on asthma. In 2000, about 39 percent of those with asthma discharged from hospitals were children 14 years old or younger. In 2001, the figure was 35 percent⁵⁵. Asthma is the most frequent chronic disease of children in Arizona, which has rates higher than most states. Outdoor air pollutants and biological triggers are considered important causal factors. High amounts of particulate matter in the air can trigger episodes or worsen asthma.⁵⁶

As of 2003, the Ajo area has been listed as one of ten areas in the state that does not meet the federal particulate matter (PM₁₀) standards; the particulate percentage in the air is considered to be moderately high. The Environmental Agency requires that a State Implementation Plan be developed for pollution reduction in areas with high pollution.⁵⁷

Several ongoing research studies at the University of Arizona Respiratory Center (including an ongoing study of Tucson children with asthma) are leading to better understanding of the causes, treatment, and prevention of asthma in young children.⁵⁸

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parent-

55 Arizona Department of Health Services, Office of Environmental Health. Arizona's Children and the Environment. A Summary of the Primary Environmental Health Factors Affecting Arizona's Children. December, 2003.

56 IBID., p.5.

57 IBID., p 6

58 <http://www.arc.arizona.edu/research.html>

ing skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

There are many research studies that have examined the relationship between parent-child interactions, family support, and parenting skills.⁵⁹ Much of the literature looks at effective parenting as two broad aspects: discipline and structure, and warmth and support.⁶⁰ Strategies for promoting the enhanced development of a child often stress the importance of the parent-child attachment, especially in infancy, and parenting skills.⁶¹

The behaviors of the parent have been shown to impact language development, cognitive development, and the promotion of play behaviors—all of which enhance the child's well being.⁶² Parent-child relationships that are secure and emotionally close have been found to promote children's ability to be socially competent, exhibit behaviors that are pro-social, and to use empathic communication effectively.

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of the home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets, which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging". Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs and are linguistically and culturally relevant.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

There are a multitude of resources available in the South Pima Region to aid

59 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical, and Emotional Environment of the Home in the Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-Child Relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its Effects on Children: On Reading and Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

60 Baumrind, D. Parenting Styles and Adolescent Development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The Encyclopedia of Adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its Effects on Children: On Reading and Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

61 Sroufe, L. A. *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and Emotional Communication in Infants, 1989, *American Psychologist*, 44, 112-119.

62 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical, and Emotional Environment of the Home in the Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled Expectations: Home and School Influences on Literacy*. Cambridge, MA: Harvard University Press.

parent knowledge, family literacy and daily reading to children, including public libraries, school programs that support family literacy, Head Start programs, and local community organizations such as Reach out and Read, and other groups dedicated to parents and families with young children. In addition, Raising Special Kids, the Southwest Autism Research and Resource Center (SARRC), Easter Seals Blake Foundation, and Child Care and Family Resources all provide information and resources for families with children with special needs.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. In 2007, the United Way of Tucson and Southern Arizona conducted a survey with parents (N =344) across Pima County. Results indicated that many of the parents surveyed (86 percent) get their information about raising a child from a family member or friend. More than half of parents surveyed (58 percent) indicated they believed that access to quality preschool programs as the most important factor in getting children ready to start kindergarten.⁶³

In the South Pima Region, there are an array of efforts, initiatives and programs providing support to families. For example, there are state-wide programs such as Healthy Families Arizona, Health Start and Healthy Start. In addition, the Vail School District Community Action Board (Vail) and the Southern Pima County Early Childhood Partnership (Sahuarita/Green Valley) address a variety of issues that parents with young children face. They offer numerous free workshops and resources. The area clinics provide materials for children's health. Faith-based organizations also offer learning opportunities and resources for families. Several literacy programs work with families in the Sunnyside and Sahuarita School districts.

In the Tucson area, the United Way of Tucson and Southern Arizona has developed an array of education materials for families. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, websites, handouts, and brochures.

While resources exist for residents in the South Pima Region, access remains a significant barrier for many of these families. Due to the rural nature of much of the South Pima Region, access is a critical issue and resources for family support and other social services are difficult to obtain. Concentrated efforts to reach families in rural, isolated communities should be a priority of the South Pima Council's efforts.

Family Literacy (including basic education and parenting for parents of preschool and kindergarten children), and workplace education is available in both the Sunnyside and Sahuarita School Districts. Libraries and school districts also offer programs to assist families with literacy, but most notably, the community of Vail does not have a public library. The Reach Out and Read Program encourages family literacy during a child's visit to the physician/clinic but does not currently contract with every clinic or pediatrician in the region. Through this program children are given a book during each well-child check and families receive information on the importance of reading daily to their young children. Channel 6 PBS programming offers many opportunities for children and families to learn together using the internet and television programming. Once again, some rural communities and families living in them are at a disadvantage when accessing web-based information and services.

A survey conducted by the Early Childhood Partnership of Southern Pima County in the spring of 2008 (107 parents to date) asked how often they read to their children. According to the preliminary report, 88 percent claim they read to their children daily, 12 percent said weekly, and a small number said not at all. Increasing the time a parent reads with their young child is a goal of First Things First.

In order to better understand the resources available to the region, the United Way of Tucson and Southern Arizona First Focus on Kids members have developed a data collection tool, 'Parent Education and Resources in Pima County' for programs and services in their area. Forty-five community resources have been identified and data has been compiled. It is important to note, however, that the majority of these resources are located in the greater Tucson area and do not necessarily serve or are accessible to the outlying rural communities. Expanding the service areas of these resources should be addressed by the South Pima Regional Partnership Council.

When asked, child care professionals continually report that families need more and better information around quality child care⁶⁴. Recently two local surveys were conducted to gather information from families in the Vail/Rita Ranch community and in the Sahuarita/Green Valley community. Both surveys showed that parents in Southern Pima County wanted more, and more affordable, high quality child care options, particularly infant care. The Early Childhood Partnership of Southern Pima County (ECPSPC) preliminary report on the 2008 parent survey (107 parents to date) noted this as an important priority. This mirror results from Nagle & Associates (2007) survey. Fifty-six percent of the 121 parents from Southern Pima County said *access to quality preschool* was the most important thing to help their child be ready to start kindergarten. The second survey was done by the Vail Community Action Board with 150 families responding. Parents completing the survey overwhelming indicated that they would like to have full day preschool or child care available (75.6 percent) and 62.9 percent indicated they have a need for full day infant and toddler care. Seventy-five percent have experienced difficulty or delay in enrolling their child in the limited number of preschool programs currently available in the Vail and Rita Ranch communities.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through ongoing professional development activity including education and certification. This may involve taking college credit-level coursework that lead to a certificate, degree or teacher certification or, this could involve participation in higher-level professional development sessions, conferences and workshops. The educational level of the early childhood workforce and the resources available to support it affect the development of the region's young children.

Research on caregiver professional development has found a relationship between the quality of childcare services provided and outcomes for children.⁶⁵ Furthermore, formal education is related to increased quality care, however, *experience without*

64 Whitebook, M., Howes, C., & Phillips, D. *Who Cares? Child Care Teachers and the Quality of Care in America*, 1989, Oakland, CA: Child Care Employee Project.

65 NICHD Early Child Care Research Network. The Relation of Child Care to Cognitive and Language Development, 2000, *Child Development*, 71, 960-980.

formal education has not been found to be related to quality care.⁶⁶ In Arizona, the 2004 Compensation and Credentials Survey concluded that “high quality early childhood education sets the foundation for life-long learning and school success. And qualified early childhood teachers are the foundation of high quality early childhood education.” In 2004, only 8 percent of Assistant Teachers, 32 percent of Teachers and 40 percent of Teacher Directors in programs licensed by DHS and servicing children birth to age five were college graduates⁶⁷.

The preparation of the early childhood workforce is a pressing concern of Regional Partnership Councils, as it is for policy makers, child and family advocates, the early childhood industry in Arizona, and those involved in early childhood education career development from the high school to the higher education levels. The percentage of directors of programs, teachers, and assistants without a college degree of any kind, across the state is extremely low. However, there are many barriers for those in the field to obtain higher education. Among these are the low earnings of the workforce, which in 2007 recorded \$9.00 as the median wage for Assistant Teachers (\$11.80 for Teachers and \$19.03 for Teacher Directors). Another challenge is the lack of local colleges and universities offering degrees in Early Childhood Education, which is explored in detail in the next section. Potential students pay \$650 per semester to participate and to date, very few scholarship programs are offered to assist students in paying tuition. In 2005, there was a model of tuition support provided through scholarships made possible with funds from an Early Learning Opportunity Act (ELOA) grant awarded to United Way’s First Focus on Kids (FFK). FFK funded 17 early child care center staff that attended Pima Community College or Central Arizona College and worked toward a CDA credential or AA degree in early education. Three of the 17 ELOA scholars completed their educational program. An additional \$50,000 was later provided from the AZ State School Readiness Board (SRB), so that 13 more students continued their studies for the 2006-2007 school year and matching funds were provided from a local philanthropic foundation to expand the program even further to 23 students working at eight child care centers receiving scholarship funds. When they complete their coursework at the end of the funding year, they receive a bonus or a raise in salary in exchange for a one year guaranteed employment at the same site post scholarship funding.

To obtain information regarding the level and type of child care professionals’ education background in the South Pima region, interviews were conducted with a selected sampling of licensed child care providers within each provider category as listed in the DHS licensed provider system (15 small group homes, nine private child care centers, and five school-based programs). The educational attainment of child care providers in the regions shows that there is a universally pressing need for a more highly-skilled workforce.

Nine early care and education centers were surveyed by phone through a random sampling in June 2008. In centers surveyed, only three teachers in nine centers have an Associate of Arts (A.A.), three had a Bachelor’s degree and two have an advanced

66 Galinsky, E. C., Howes, S., & Shinn, M. *The Study of Children in Family Care and Relative Care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public Policy Report: For-Profit and Non-Profit Child Care: Similarities and Differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who Cares? Child Care Teachers and the Quality of Care in America*, 1989, Oakland, CA: Child Care Employee Project.

67 State Board on School Readiness. *Compensation and Credentials: A Survey of Arizona’s Early Education Workforce*, July, 2005.

degree. Among assistants, there was one individual with a Child Development Associate (CDA) credential and one person was working on a BA. Based on the results of this limited survey, it is apparent that teaching staff employed by child care centers often do not have any formal education beyond a high school diploma. In contrast, public school preschool teachers often are required to have a BA and be certified by the Arizona Department of Education in Early Childhood or an Elementary Certificate with an Early Childhood Endorsement. Teaching assistants working in public school preschool programs must have an associates' degree or the equivalent as defined by No Child Left Behind.

Private Child Care Centers – Qualifications of Early Childhood Teachers and Teaching Assistants in South Pima

Regional Survey: Qualifications of Teachers Serving in Child Care Centers in the South Pima Region – 2008						
Center		GED/HS	CDA	AA/AAS	BA/BS	MA/MS or more
1	Teachers	All	No	No	No	No
	Assistants	All	No Director in process	No	No	No
2	Teachers	All	No	No	No	No
	Assistants	All	No	No	No	No
3	Teachers	All	No 4 in process	No	No	No
	Assistants	All	No	No	No	No
4	All (9) Teachers	All	No	No	No	No
	Assistants	No – 8 enrolled in GED	No	No	No	No
5	Teachers	All	No	1	No	2
	Assistants	All	No	No	No	No
6	Teachers	All	2	2	2	No
	Assistants	All	No	No	No 1 enrolled in BA	No
7	Teachers	All	2	No	No	No
	Assistants	All	No	No	No	NO
8	Teachers	All	1	No	No	No
	Assistants	All	1	2 1 in process	No	No
9	Teachers	All	1 in process	No	1	No
	Assistants	All	1 1 in process	2	No	No

Source: telephone interview with nine centers, June 2008

Accreditation by the National Association for the Education of Young Children (NAEYC) requires teaching staff and directors to meet high educational standards. Four public school programs are accredited by NAEYC in the 85706 zip codes. They

are all operated by the Sunnyside Unified School District. Programs funded through Early Childhood Block Grant must be accredited. TUSD operates one NAEYC accredited program in the 85730 zip code. It is funded through Early Childhood Block Grant. Vail School District operates three NAEYC accredited programs in the 85747 zip code. The important relationship between National accreditation and quality was discussed in the previous section on Quality.

Public school programs that serve typically developing children in Sunnyside and Tucson Unified School District require teachers to be Arizona State Certified with an early childhood certification or endorsement. Many of these teachers additionally have master's degrees in education or a related field. These teachers are also on the same pay scale as other public school teachers providing them with competitive pay and benefits. These factors all contribute to higher retention rates for staff.

The Sahuarita Unified School District reported that certified teachers working in the preschool program frequently use this position as a stepping stone into kindergarten or higher grade positions because the preschool teacher position is not on the same pay scale. Special education teachers in all districts are required to be Arizona Teacher Certified in early childhood special education.

Continental, Vail and Sahuarita use a combination of certified and non-certified teachers to provide a range of program choices. Extended day (child care) programs are staffed by non-certified teachers and parents typically pay for their child to participate. All school district preschool centers surveyed reported that they take children with special needs. Some employ special education teachers as the lead teacher; others utilize special education service teams to provide services to children with an IEP.

Qualifications of Teachers within Public School Child Care Programs

Regional Survey: Qualifications of Teachers and Teaching Assitants Serving in Public School Child Care Programs in the South Pima Region – 2008							
District		GED/HS	AA/AAS	BA/BAS	MA/MS	AZ Cert.	Zip Code
Altar Valley	Teachers			Required	Required	Required SpEd Preschool	85736
	Assistants	Required	Required or equivalent (PARApro exam; 60 college credit hours)				
Continental	Teachers	Required	no	Required for SpEd preschool	SpEd preschool	SpEd preschool	85622
	Assistants	Required	Required or equivalent (PARApro exam; 60 college credit hours)	1	No	No	
Sahuarita	Teachers	Required	For extended day/child care program	Required for preschool ½ day program	Not required for regular. preschool. Required for preschool ½ day program	Required	85629 85645 85614
	Assistants	Required	1 Required or equivalent (PARApro exam; 60 college credit hours)	Required or equivalent (Parapro exam; 60 college credits hours)	Not required; 1 has	Not required; 1 has	
Sunnyside	Teachers	Required	no	Required for ECBG, Title 1 and SpED PreK programs	Required for SpEd preschool	Required for ECBG, Title 1 and SpED PreK programs	85706
	Assistants	Required	16 Required or equivalent (PARApro exam; 60 college credit hours)	Required or equivalent (Parapro exam; 60 college credits hours)	Not required; 1 has	No	
Tucson Unified	Teachers	Required	Required for ECBG, Title 1 and SpED PreK programs	Required for ECBG, Title 1 and SpED PreK programs	Required for SpEd preschool	Required for SpEd preschool	85735 85730 85748
	Assistants	Required	1 Required or equivalent (PARApro exam; 60 college credit hours)	No	No	Not required	
Vail	Teachers	Required No	Not required	Some have	Not required for reg. preschool but some have required for SpEd preschool	Required for Sp Ed preschool	85747 85741
	Assistants	Required	Required or equivalent (PARApro exam; 60 college credit hours)	Not Required	Not Required	Not Required	

Source: telephone interview with five public school programs, June 2008

Professional Development Opportunities

Early childhood educators and professionals in the South Pima Region have a variety of in-classroom and on-line education and training resources available, however, several barriers to accessing these opportunities were addressed in the previous section. Within the South Pima region, Pima Community College (PCC) offers an Associate of Arts degree in Elementary Education. This two-year degree program, for which concentrations are available in Early Childhood or Elementary Education, transfers to a four-year elementary education degree program at University of Arizona South. Pima Community College – Desert Vista Campus also offers five types of Certificates in the following areas: Teacher Aide/Assistant Certificate, Basic School-Age Child Care Assistant Certificate, Advanced School-Age Child Care Certificate, Child Development Associate Certificate, and coursework leading to a Pre-Kindergarten through Kindergarten Endorsement Post-Degree Certificate.⁶⁸

Available Education and Certification Programs for Child Care Professionals in the South Pima Region

2007-08
<p>PCC-Desert Vista Campus: PCC offers an AA in Early Childhood Education; AAS Teacher/Director degree; A.A.S degree in School-Age Child Care; & five (5) types of Certificates in the following areas: Teacher Aide/Assistant Certificate, Basic School-Age Child Care Assistant Certificate, Advanced School-Age Child Care Certificate, Child Development Associate Certificate, and coursework to complete an Early Childhood Endorsement.</p>
<p>PCC Community Campus: PCC Community Campus offers coursework leading to Elementary or Secondary Certification – Post-Degree Certificates; Special Education Cross-Categorical K-12 or Learning Disabilities K-12 Certification – Post Degree Certificates; ESL Endorsement – Post-Degree Certificates; and K-12 Reading Endorsement – Post Degree Certificates. Also, other PCC campus sites offer Associate of Arts degree coursework in Elementary Education with an optional concentration in Early Childhood or Elementary Education.</p>
<p>Prescott College Tucson Center: Prescott College Tucson Center offers BA and MA degrees in education and courses in education leading to teacher certification in areas such as: early childhood education leading to teacher certification, elementary education, special education, literacy education, experiential education and environmental education.</p>
<p>University of Arizona: University of Arizona College of Education offers all levels of degrees in: early childhood education; elementary and secondary education; educational leadership, educational psychology; higher education; language reading and culture; rehabilitation and school psychology; & graduate programs in special education fields such as: emotional and behavioral disorders, gifted and talented, learning disabilities, learning disabilities-bilingual/multicultural, visual impairment, severe and multiple disabilities, orientation and mobility, and special education research .</p>
<p>Northern Arizona University: Offers a Bachelor's of Applied Science in ECE and a BA/BS Teacher Preparation Program with Certification in ECE; Master's Level Educational Leadership Program associated with elementary education. Classroom coursework is available at new Tucson campuses and through distance learning.</p>

Source: On-line department descriptions of PCC, UA, NAU and Prescott College.

Given only the Pima Community College (PCC) East Campus, the PCC Desert Vista Campus, and PCC Southeast Education Center are located in South Pima, students and professionals living in outlying areas, such as Ajo, Three Points and Rita Ranch, must travel long distances to Tucson to take courses. At present, there are 22 to 24 ECE and/or CDA credits required for an AAS degree, of which 18 to 20 of these credits (all but one four credit class required for the degree) can be completed online. While PCC is offering some on-line courses, expansion in the availability of on-line educational

⁶⁸ <http://www.pima.edu>.

services would be beneficial in terms of accessibility in the rural areas of South Pima. It is important to note, however, that some outlying rural communities have limited high speed online access due to limited internet services. Additionally, the cost of acquiring internet services or computer hardware is prohibitive for some child care employees. Other campuses of PCC as well as Prescott College's Tucson Center and the University of Arizona, College of Education are available and may be closer to some of the educators and students in the Tucson zip code areas of South Pima Region.

Tracking of personnel training and qualifications is provided by the S*CCEEDS Program from the Association for Supportive Child Care; however, not all personnel register with the system.

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.⁶⁹ More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.⁷⁰

As the chart below shows, nearly 20 percent of teachers do not remain for more than one year in their jobs, while 41 percent remain for five years or longer. For assistant teachers, the rate of attrition is greater, 41 percent leave within one year, while only 15 percent stay five years or longer. A total of 43 percent of administrative directors stay five years or longer, while only 26 percent of teacher/directors remain in their jobs for five years or longer.

**Length of Employment for Child Care Professionals in South Pima Region
2007 – inclusive of Ajo, Arivaca, Green Valley, Sahuarita, Sasabe, Sonoita, Vail,
Amado, Three Points and some southern and eastern Tucson zip codes.**

	Six Months or Less	Seven to 11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	"Don't Know/Refused"
Teachers	3%	4%	12%	16%	9%	9%	41%	7%	1%
Assistant Teachers	5%	8%	28%	10%	10%	3%	15%	15%	5%
Teacher Directors	3%	5%	8%	5%	5%	3%	26%	44%	3%
Aministrative Directors	3%	2%	7%	5%	5%	2%	43%	32%	1%

Source: Compensation and Credentials: A Survey of Arizona's Early Education Workforce

Another factor contributing to high turn-over rates for early care and education professionals is the compensation rate. Higher compensation and benefits have been

69 Raikes, H. Relationship Duration in Infant Care: Time with a High Ability Teacher and Infant-Teacher Attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

70 Stremmel, A., Benson, M., & Powell, D. Communication, Satisfaction, and Emotional Exhaustion Among Child Care Center Staff: Directors, Teachers, and Assistant Teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233;

Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and Now: Changes in Child Care Staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care⁷¹. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care⁷². Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁷³

Average Wages for Child Care Professionals in South Pima

	2004	2007 Arizona average*	2007	2007 Arizona averages*
Teacher	\$9.70	\$11.62	\$11.76	\$11.80
Assistant Teacher	\$7.09	\$8.02	\$9.09	\$9.00
Teacher/ Director	\$11.19	\$19.03	\$15.50	\$14.84
Admin/ Director	\$15.29	\$19.03	N/A	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey

* State averages calculated from regional average wage figures.

The table below provides additional information gathered in a June 2008 phone survey on compensation and benefits. For school districts personnel wages vary considerably, depending on the classification of the employees. In Sahuarita, Sunnyside, and Tucson Unified School Districts, teacher and director salaries are far higher than the average wage in the region for private child care employees.

Average Wages by School District for Public School Child Care Programs

District	Director	Teacher	Teacher Assistant
Continental	47,000/annual	11.00/hr (non-cert.)	9.00/hr
Sahuarita	43,000/annual	12.00/hr	9.50/hr
Sunnyside	65,700/annual	42,800/annual	10.41/hr
Tucson Unified	55,000/annual	32,000-65,000/annual	8.75-19.50/hr

Source: Telephone survey of four school district programs, June 2008.

According to the Bureau of Labor Statistics in 2007⁷⁴, the mean hourly wage for preschool teachers nationwide was \$12.40 and for child care workers (Teacher Assistants) the average rate was \$9.46/hr. The Arizona averages were \$11.80 for teachers and \$9.00 for assistants. In 2004, Administrative Directors in Arizona were being paid an average hourly rate of \$19.03, while at the national level in 2007 the average rate of this profession was reported as \$19.52. In South Pima, hourly wages for directors, teachers, were all somewhat less than the state and national averages, while all categories were lower than the national averages.

71 Lamb, M. E. Non-Parental Child Care: Context, Quality, Correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (Fifth ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

72 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

73 Ibid.

74 Bureau of Labor Statistics. Occupational Employment Statistics. Occupational Employment and Wages, May 2007 from web site 8/14/08 <http://www.bls.gov/oes/current/oes399011.htm>.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated early childhood issues to a new level in our state. Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁷⁵

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that offer services and support to young children and their families that exist in their communities. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, linguistically, culturally and geographically relevant, and easily accessible.

In Tucson, and the communities of Sahuarita/Green Valley and Vail/Rita Ranch, some partnerships focused on collaboration and coordination of services have already begun working to identify community partners to address concerns and needs of families with young children. The Early Childhood Partnership of Southern Pima County (ECPSPC) works in the Sahuarita/Green Valley area to enhance public awareness of early childhood as well as to organize provider training and events. ECPSPC's Third Annual Rural Child care Providers Conference is scheduled for February 2009. In April, ECPSCS will collaborate with Sahuarita to host a Celebration of the Young Child community event. The organization runs workshops for child care staff, a 'lunch and learn' series of workplace presentations, 'play and learn' workshops for parents and providers. The partnership also distributes United Way early learning materials and literacy guides to organizations and individuals and is partnering with Make Way for Books to open a satellite office in southern Pima County to bring books to children in a variety of settings.

The Vail Community Action Board uses a grant awarded from the Federal Safe Schools/Healthy Students Initiative to partner with law enforcement agencies, mental health services, juvenile justice, the University of Arizona and other community based organizations to provide students with safer school environments. One committee of this Board addresses early childhood issues and concerns by providing professional development opportunities for staff, parent education opportunities and building partnerships with community agencies and programs.

Other organizations currently play a role in providing information on child development and family resources and supports to families. A partial listing of such organizations includes:

⁷⁵ Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and Early Childhood Health Policy, January 2004.

- **School Districts** – Nine school districts in the South Pima region disseminate information to parents and the community at large through a number of events throughout the school year, which include open house nights, PTO monthly meetings, and information fairs. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters and health bulletins.
- **Make Way for Books** places libraries in preschools and child care centers in some Tucson neighborhoods. Parents are taught the importance of reading aloud with their child, how to read with their child, and are encouraged to check books out to take home. Make Way for Books does not currently serve the communities of Vail, Three Points, Ajo, Amado, Sasabe, Lukeville and Arivaca but plans to expand services to a boarder service area in the future.
- **Reach Out and Read** teaches pediatricians and clinicians to promote literacy by encouraging parents to read aloud to their children and providing pediatric offices with books to give to children during wellness examinations.
- **Sunnyside School District's Parents As Teachers Program** serves 140 pregnant women and families with children from birth to age five years old through home visits, Stay and Play, parenting classes, and a toy lending library.
- **Child-Parent Centers** is the Head Start grantee in the South Pima region – The South Pima region relies on nine Head Start Programs to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.
- **First Focus on Kids**, the United Way of Tucson and Southern Arizona arm that focuses on early care and education provides support to child care centers on improving quality, publishes information for families on early care related topics.
- **Raising Special Kids** – This non-profit organization of families helping families of children with disabilities and special health needs in Arizona has compiled lists of links to sites with information of interest to families raising children with disabilities and special health needs. They have created such programs as the Parent-to-Parent program that matches new families with experienced parents and a Parent Leadership Development Program that helps parents become Family Faculty to support the education of health professionals; serve on boards, councils, and commissions to represent the family perspective.

Public awareness and information efforts need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for

young children requires a shift in public perceptions and public will.⁷⁶

In the South Pima Region, several organizations currently play prominent roles in shaping the public agenda around children and families, as well as garnering support for a strong early childhood development and health system. These organizations include:

- **United Way of Tucson and Southern Arizona– *You’re It*** is a statewide campaign to increase public awareness and engagement around the importance of investing in children.
- **PAFCO** – The Protecting Arizona Families Coalition is a non-*partisan* alliance of social services, health, community service agencies, advocacy groups, citizen advocacy, and faith-based associations. Hundreds of social, health, and community services agencies, human services groups, citizen action and advocacy groups, and faith-based congregations are represented in the Coalition. PAFCO has played a role in recent years in educating lawmakers and the broader community on the need for improved public policy around early childhood and health issues.
- **Children’s Action Alliance** – Children’s Action Alliance is a non-profit, non-partisan research, education and advocacy organization dedicated to promoting the well being of Arizona’s children and families. CAA’s fact sheets, action alerts, and research reports help inform policy makers and activists of need public policy changes.
- **Healthy Families** – Healthy Families Arizona (HFAz) is a state system of home visiting support for prenatal families and families with newborns. Services include child development information and screening, activities that offer opportunities for parents and children to play together, and linkages to the community. The primary goal is to support parents in becoming the best parents they can be.

System Coordination

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.⁷⁷ Effective system coordination can promote First Things First’s goals and enhance families’ ability to access and use services.

Southern Tucson, Sahuarita, Green Valley and the Vail communities are the areas in the South Pima region with the greatest coordination efforts currently in place. The First Focus on Kids Impact Council, the community arm of the United Way of Tucson and Southern Arizona, provides leadership in coordination and collaboration efforts pertaining to early childhood education issues throughout Tucson and extending into the Sahuarita and Green Valley communities. Early Childhood Partnership of Southern Pima County (ECPSPC) was created as an affiliate of the United Way and has actively provided a means for system coordination in the region. The Vail com-

⁷⁶ Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

⁷⁷ Gennetian, L. A., & Miller, C. *Reforming Welfare and Rewarding Work: Final Report on the Minnesota Family Investment Program: Effects on Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Doodoo, M., Hunter, J. A., & Redcross, C. *Reforming Welfare and Rewarding Work: Final Report on the Minnesota Family Investment Program: Volume. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

munity has a Community Action Board pioneered through the Vail Unified School District. Their work has included several partnering efforts between Child and Family Resources, First Focus on Kids and Pima Community College as well as other community partners. There are also new efforts between the University of Arizona Science and Technology Park, the Vail Unified School District and other interested partners in building an early childhood center focusing on infants and toddlers in this community.

The Community Food Bank and United Community Health Centers, Inc., also collaborate on various projects relating to early childhood health and nutrition within the South Pima region with major focus on some of the more rural communities such as Three Points, Arivaca and Ajo. Pima County Parks and Recreation provides programs for children three to four years of age through their TOTS program.

In addition, United Community Health Center, Inc. provides medical related services in Amado, Arivaca, Green Valley, Sahuarita and Three Points. The Arizona Rural Human Services Network has expressed a new interest in becoming active in the coordination of early childhood development related efforts in the South Pima region. Healthy Families, a voluntary home visiting program serving families at risk during pregnancy and after the birth of the baby serves Tucson, Three Points, Rita Ranch, Green Valley, Vail, and Sahuarita.

The Arizona Department of Health Services, as part of its Steps to a Healthier Arizona Initiative has as its goal to reduce the burden of diabetes, obesity and asthma. One program component includes a nutrition and physical activity self-assessment for child care. This and other resources are part of its Asthma Control Program. The Arizona Asthma Coalition has developed asthma information toolkits for patient families and for health care providers⁷⁸

A full listing of assets serving as resources for parents and children with regard to early childhood education in the South Tucson region is included in the appendix to this report.

Continued efforts are needed to expand outreach efforts to better incorporate the needs of children and families of undocumented families into early childhood coordination efforts.

- Work collaboratively to enhance and provide new services to rural communities.
- Work collaboratively to raise funds for priority projects given funds are limited and competition tends to encourage territorialism in service delivery.
- Improve collaboration efforts between the South Pima region and Central and North Pima, Pascua Yaqui, and Tohono O'odham regions.
- Increase public awareness regarding available services for early childhood development for families.
- Improve coordination between early childhood centers and health organizations and providers to improve service delivery.
- Strengthen the link between the many health-related coalitions and partnerships in the regions to work more closely with early childhood providers.

78 <http://www.azasthma.org/quick-links/physicians.aspx>.

- Better utilize the existing rich data sources already available among providers in the region to better inform service delivery efforts and limit duplication of effort.


Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed.

The Early Childhood Partnership of Southern Pima County ECPSPC survey (N=107) asked about awareness of the ECPSPC and 34 percent of the parents said they were aware of the effort. The survey also asked where parents obtain information about early child care and education. Almost half (46 percent) of the parents said a family or friend, 37 percent said a child care center, and 23 percent said the school newsletter. The ECPSPC online parent survey preliminary report noted that parents’ most common request is for more centers and affordable choices for high quality child care in the area, particularly around infant-toddler care.

The 2007 Pima County School Readiness Community Assessment (Nagle & Associates, 2007) included an online survey and received responses from 121 parents in Southern Pima County (84 percent mothers, 54 percent Hispanic). Of these families, 81 percent indicated that they get information on raising their child from family and friends, 50 percent said they get information from the internet, 40 percent said they get information at the doctor’s office and 20 percent noted the library.

Additional Indicators of Interest to the Regional Partnership Council

Other future of data of interest to the South Pima Regional Partnership Council include the following:

- Transportation issues for rural communities in accessing resources
- Nutrition education tied to childhood obesity and diabetes
- Parenting education and brain development research for families and the community 



Conclusion

The South Pima Region is an area of great diversity, with urban, suburban, and rural areas that differs from each other in many of the child and family indicators in this report as well as in community assets and needs. The large population centers are growing in population and complexity, with communities such as Green Valley, Sahuarita and Vail expanding rapidly. The population of children birth through five is growing as well, putting pressure on the health, education, and early care systems that serve young children and their families.

The region has no hospital and only a few medical clinics with some rural areas as far as two hours from the nearest large medical facility. Dental services are even less available. Outside of the major communities, prenatal care is not readily available and completely lacking in some communities such as Ajo. There is a clear need to register more children who are not enrolled but are eligible for AHCCCS or Kids Care health insurance. There is a severe lack of therapists such as speech and language pathologists, occupational therapists, physical therapist and mental health specialists.

This need is even more critical in the rural and smaller communities. By using incentives such as stipends and tuition reimbursement, it may be possible to bring services or increase the capacity to these areas.

Strong effort was made by the South Pima Regional Partnership Council to visit a sampling of all the communities it represents in order to better understand each community's needs and assets. Community members in every community were invited to participate in educating council members and sharing their perspective. Overwhelmingly, the lack of quality child care for all ages, and most markedly for infants and toddlers, was a universal need. There are few high quality preschool programs and most of them are operated by the school districts or are Head Start programs. Those programs, due to funding restrictions, have eligibility requirements that exclude many children. Even so, they are at capacity with many children on waiting lists. Clearly, building the capacity of high quality early care and education programs will be a priority for funding. A multi-level approach will be necessary to meet the diverse needs and available capacity of each community. In some communities, family child care homes or group homes may be the most appropriate approach, home visiting programs may better suit others, and some communities may be prepared to expand on or create a child care center.

First Things First and the South Pima Regional Partnership Council are committed to supporting high quality settings for children. Families frequently select child care based on cost and location. They do not always understand the importance of a high quality child care or education setting nor do they know what to look for when seeking care for their child. Quality First!, the new state-wide quality improvement and rating initiative, will support programs in raising the level of their quality with the support of a coach and mentor, improvement grants, and professional development scholarships. It will also implement a rating system so help families quickly identify child care settings that are optimal for their child's development.

Closely tied to high quality child care is the need for highly qualified teachers and care givers. The teacher or care giver's level of education is one of the greatest indicators of quality. Much can be done to impact the level of quality if teacher education levels can be increased. Pursuing post high school education is prohibitive for some

child care workers whose wages average \$9.00 an hour. Providing scholarships and financial support for early childhood educators to continue their formal education will be a good investment with a high return. As early childhood teachers achieve higher levels of education, there should be some level of compensation provided. By raising the level of compensation, retention rates should increase, creating more stable learning environments for young children.

The South Pima Region has many needs and First Things First funding will allow the Council to begin supporting the development of the infrastructure and services to create better outcomes for children. With continued community input, stronger coordination between agencies, communities and government, rigorous accountability and clear long term strategic goals, collaborations and capacity will be built. This is just the beginning of a great work in progress. 🧱



Appendices

Chart of Regional Assets – South Pima

Agencies/Coalitions				
AHCCCS	110 S. Church St. #1360	Tucson	AZ	85701
Altar Valley Health and Wellness Center	16350 W. Ajo Way	Three Points	AZ	85736
Arivaca Coordinating Council	17252 W. Fifth St.	Arivaca	AZ	85601
Arizona Attorney General	400 W. Congress, #S-315	Tucson	AZ	85701
Arizona Department of Health Services Office of Child care Licensure	400 W. Congress #100	Tucson	AZ	85701
Arizona Early Intervention Program	3170 E. Ft. Lowell	Tucson	AZ	85716
Carondelet Medical Mall	1055 N. La Cañada Dr.	Green Valley	AZ	85614
Casa De Esperanza	780 S. Park Centre Ave.	Green Valley	AZ	85614
Casa De Los Niños	1101 N. Fourth Ave.	Tucson	AZ	85705
Child and Family Resources	2800 E. Broadway Blvd	Tucson	AZ	85719
Child-Parent Centers	602 E. 22nd St.	Tucson	AZ	85713
CODAC Behavioral Health Services	3100 N. First Ave.	Tucson	AZ	85719
Community Food Bank	3003 S. Country Club	Tucson	AZ	85726
Community Food Bank Green Valley	250 E. Continental Rd.	Green Valley	AZ	85614
DDD	400 W. Congress St. #500	Tucson	AZ	85701
Department of Homeland Security, Customs and Border Protection, U.S. Border Patrol	850 North HW85	Why	AZ	85321
DES	400 W. Congress #420	Tucson	AZ	85701
DES	38 Plaza St.	Ajo	AZ	85321
Greater Green Valley Community Foundation	115-1 W. Esperanza Blvd.	Green Valley	AZ	85614
International Sonoran Desert Alliance	400 Vanada Ave.	Ajo	AZ	85321
KARE Family Center	4710 E. 29th St, Building #7.	Tucson	AZ	85711
The Blake Foundation	6107 E. Grant Rd.	Tucson	AZ	85712
The Parent Connection	5326 E. Pima St.	Tucson	AZ	85712
Tucson Urban League	2305 S. Park Ave.	Tucson	AZ	85713
United Way of Tucson and Southern Arizona	330 N. Commerce Park Loop	Tucson	AZ	85745
Colleges				
Pima Community College, Desert Vista Campus	5901 S. Santa Cruz	Tucson	AZ	85709
Pima Community College, East Campus	8181 E. Irvington Rd.	Tucson	AZ	85730
Hospitals/Clinics/Health Programs				
Altar Valley Middle School Wellness Center	16350 W Ajo Hwy	Tucson (Three Points)	AZ	85735
Carondelet Health Network	400 W. Camino Casa Verde #100	Green Valley	AZ	85614
Continental Family Medical Center	1260 S. Campbell Road	Green Valley	AZ	85614

Continental School Wellness Center	1991 E. Whitehouse Canyon Rd.	Green Valley	AZ	85614
Desert Senita Community Health	410 N Malacate St.	Ajo	AZ	85321
Pima County Health Department	120 W Estrella Ave.	Ajo	AZ	85321
Robles Elementary School Wellness Center	9875 S.Sasabe Rd.	Tucson (Robles Junction)	AZ	85735
Sahuarita Intermediate School Wellness Center	350 W. Sahuarita Rd.	Sahuarita	AZ	85629
Sopori School Wellness Center	5000 Arivaca Rd.	Amado	AZ	85645
Summit View School Family Resource and Wellness Center	1900 E. Summit Street	Tucson	AZ	85706
Sunnyside Family Resource and Wellness Center at the Old Liberty	5101 South Liberty Avenue	Tucson	AZ	85706
Three Points Clinic	15921 W. Ajo Highway	Tucson (Three Points)	AZ	85735
University Physicians Healthcare	2701 E. Elvira Rd.	Tucson	AZ	85706
Healthy Families	4911 E. Broadway, Ste 100	Tucson	AZ	85711
Schools				
Ajo Unified School District	111 N. Well Rd.	Ajo	AZ	85321
Altar Valley Elementary School District	10105 S. Sasabe Hwy	Altar Valley	AZ	85736
Continental Elementary School District	1991 E. Whitehouse Canyon Rd.	Green Valley	AZ	85629
Desert Mosaic School	5757 W. Ajo Way	Tucson	AZ	85735
Great Expectations Academy	1466 W. Camino Antigua	Sahuarita	AZ	85629
La Paloma Academy	8140 E. Golf Links	Tucson	AZ	85730
River of Life Christian School	6902 E. Golf Links Rd.	Tucson	AZ	85730
Sahuarita Christian Academy	2285 E. Sahuarita Rd.	Sahuarita	AZ	85629
Sahuarita Unified School District	350 W. Sahuarita Rd.	Sahuarita	AZ	85629
San Fernando Elementary School District	P.O. Box	Sasabe	AZ	85633
Sunnyside Unified School District	2238 E. Ginter Rd.	Tucson	AZ	85706
Tanque Verde Unified School District	11150 E. Tanque Verde Rd.	Tucson	AZ	85749
Tucson Unified School District	1010 E. 10th St.	Tucson	AZ	85719
Vail Unified School District	13801 E. Benson Highway Suite B	Vail	AZ	85641
Community Centers				
Ajo Community Center	290 5th Street	Ajo	AZ	85321
Arivaca Community Center	16012 W. Universal Ranch Rd.	Arivaca	AZ	85601
Clements Center	8155 Poinciana Dr.	Tucson	AZ	85730
Littletown Community Center	6465 S. Craycroft	Tucson	AZ	85706
Robles Ranch Community Center	16150 W. Ajo Hwy.	Tucson	AZ	85735
Sahuarita Joan M. Swetland Community Center	15500 S. Sahuarita Park Rd.	Sahuarita	AZ	85629
Libraries				
Ajo Public Library	33 N. Plaza St.	Ajo	AZ	85621
Caviglia-Arivaca Branch Library	17050 W. Arivaca Rd.	Arivaca	AZ	85601
Green Valley Community Library	601 N. La Canada Dr. #101	Green Valley	AZ	85614
Miller-Golf Links Library	9640 E. Golf Links	Tucson	AZ	85730
Sonoita Community Library	3147 State Hwy 83	Sonoita	AZ	85637
Valencia Branch Library	202 W. Valencia	Tucson	AZ	85706

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Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by October 8, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited childcare settings.

As stated in the First Things First 2007 Bright Futures report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were frequently not available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Pima County region overall. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

This report utilized existing data relevant to the South Pima Region whenever possible and through a variety of sources. Existing data on the number of accredited early care and education centers located within the South Pima region was obtained by the Consultant in June 2008 through a review of the official websites of the NAEYC, NECPA, NAC, AMI, AMS and NAFCC. Data on the number of licensed centers within the South Pima region was obtained by the Consultant and Coordinator through a review of the ADHS website listing licensed centers for the 2007-2008 period. Data on the current enrollment capacity and actual numbers served within licensed child care centers and licensed child care homes in the South Pima region was obtained by the Consultant in June 2008 from published data sets provided by the FTF Arizona Early Childhood Development and Health Board for the 2007-2008 period. Data pertaining to the cost of child care by provider type and age of child within the South Pima region was collected by the Coordinator and organized by the Consultant in June 2008 from published data sets, including the 2006 DES Market Rate Study and the 2008 Child Care in Arizona (NACCRA) data set. Existing data on community assets was collected jointly by the South Pima RPC Coordinator and Con-

sultant between June and July 2008, through a review of the most recent community resources guides and community asset studies, and cross checking this information with members of the South Pima RPC. The asset list compiled represents diverse sectors of the community, including school districts, community colleges, child care and learning centers, preschools, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups.

Existing data on child care professionals' capacity in the South Pima region, such as the number of teachers, assistant teachers, teacher directors, and administrative directors; the average length of teacher and administrative director employment; and average salaries and wages for child care professionals was collected and organized by the Consultant in June 2008 from the Compensation and Credentials Report. Data was only available for the years of 2004 and 2007.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. Several data collection techniques were utilized when data were limited:

- To collect information on current enrollment, adult to child ratios, and the number of programs serving children with special needs in Head Start and accredited early care and education centers, a phone survey was conducted by the Consultant in June 2008, with information obtained from four of the seven NAEYC accredited programs in the South Pima region.
- To provide further qualitative information at the regional level for early education indicators, the South Pima RPC Coordinator conducted in-depth phone interviews with a random sampling of nine licensed child care centers, 15 small group homes, and five public school programs in June 2008. Information collected included actual monthly costs by type of facility and facility location, adult to child ratios by age, current enrollment, teacher qualifications, length of employment, access to benefits, and valuable feedback regarding the quality, accessibility and affordability of early childhood services within the region.
- To obtain community-level information pertaining to systems coordination, a questionnaire was drafted jointly by the RPC Coordinator and Consultant, and shared by the RPC Coordinator with community members within the South Pima region in June and July 2008.

It is also important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages birth through five years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis. 🍌



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